



Medical Clearance Form

Gental Yoga Class for Cancer Patients and Their Care-givers

Dear Medical Provider:

Your Patient, (Name) _____ plans to participate in a gentle yoga class specifically designed for cancer patients. It consists of stretching, breathing and relaxation.

Each session lasts a little more than one hour. Stretches make up about one half the time and are done mostly sitting (in a chair or floor) or in prone and supine positions. See descriptive drawings attached.

Participants will be encouraged to work at their own capacities, to make adaptations as needed, and to decline to attempt any movement they are unable to do or which makes them uncomfortable in any way. The use of pillows and supports will be offered for their comfort.

Please confirm there is no physical or psychological contraindication for the above named person to participate in the course.

PARTICIPATION IN THIS GENTLE YOGA CLASS IS MEDICALLY ACCEPTABLE

YES

NO

Please list any physical restrictions the patient should observe during class:

Signature: _____ Date: _____

Name and Professional degree : _____
(please print)

Thank you for your assistance. Please contact me if you have any questions:
Holley Ryan 540-899-8979 or hryan67@ yahoo.com