

**Physician Release Form for Exercise**

Your patient, \_\_\_\_\_ wishes to participate in a Aqua Therapy class for Lymphedema. The class involves 45 minutes of gentle exercise in water to help manage your patient’s lymphedema. Participants are encouraged to move at their own pace. The class is lead by Sylvia Crowhurst RMT/CDT who is experienced treating patients with lymphedema. She also has experience teaching aquafit. These classes are monitored by trained NLS lifeguards.

My patient \_\_\_\_\_ has medical clearance to participate in the Aqua Therapy classes for lymphedema management.

**Please indicate if there are any special precautions or considerations for this individual to limit his/her participation in the program.**

Precautions/Limitations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Physician signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician name printed**