

Medical Clearance for Yoga Classes

Dear Medical Provider,

Your patient, _____,
(*print name and date of birth*) plans to participate in a class involving gentle stretching, breathing exercises and relaxation. Each weekly session lasts 90 minutes.

Stretches are done while standing, sitting, lying prone and supine. Stretches include forward bending, backward bending, sideways bending, twisting, and inverted positions (i.e., the head is lower than the heart). Progressive relaxation is also taught.

Participants are encouraged work at their own capacity, and the instructor will help them make adaptations as needed. Participants are asked to refrain from any movement they are unable to do or are uncomfortable with. In particular, your patient will be instructed to refrain from any movement that you designate as inadvisable.

If there is no physical or psychological contraindication for the above-named person to participate in the course, your approval is requested below:

Participation in the class is medically acceptable: Yes / No

Please indicate any physical restrictions that should be observed in her/his participation: _____

Provider's Signature _____

Date _____

Provider's printed name _____

Professional degree _____

You may reach the instructor, _____, at _____ (h) or _____ (w) for more brochures or information.

Please return this form to _____
