

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

VETERANS WALK FOR HEALTH STUDY  
MEDICAL CLEARANCE FORM  
FOR RESUMING A WALKING PROGRAM

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I give the research staff from the Veterans Walk for Health Study permission to contact my doctor, Dr. \_\_\_\_\_, to obtain medical clearance for me to resume a walking program as part of the Veterans Walk for Health Study.

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Date: \_\_\_\_\_

To: Dr. \_\_\_\_\_

We are requesting medical clearance for your patient \_\_\_\_\_ to resume a walking program as part of the Veterans Walk for Health Study.

His walking program has been discontinued because of the following adverse event:

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For the above named patient, please check the appropriate line below and sign. Your patient will not be able to resume the walking program until this form is completed.

\_\_\_\_ This patient is an appropriate candidate resume the walking program.

\_\_\_\_ This patient is currently at too high risk to resume the walking program.  
Details \_\_\_\_\_

\_\_\_\_ I need to schedule an appointment or conduct further evaluation before giving medical clearance for this patient to resume the walking program.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_