

# MEDICAL RECORD

# CLEARANCE FOR PATIENT PARTICIPATION IN RECREATIONAL ACTIVITIES

INSTRUCTIONS: The physician or primary nurse will complete this clearance form. Check "NO" for any activity the patient is not to participate in.

Nursing Unit	Date of Requisition	Patient Last Name	Escort Status: <input type="checkbox"/> Staff <input type="checkbox"/> Patient <input type="checkbox"/> Other:
			Helmet Required: <input type="checkbox"/> Yes <input type="checkbox"/> No

Seizure Type:  Generalized Tonic/Clonic  Complex Partial  Focal  Absence  Myoclonic

PHYSICAL /SPORTS ACTIVITIES	No	CRAFTS MATERIALS (Used with Small Group Supervision)	No	EQUIPMENT	No	Oriented By
Aerobic Exercise		Leather Tools (Punches, Stamps, Shears)		Lifecycle/Rec. Bike		
Jogging		Needles (Sewing, Knitting, Tapestry)		Rowing Machine		
Tennis		Scissors*		Stairmaster		
Basketball (Strenuous)				Tread Mill		
Volleyball		MONTGOMERY AQUATIC CENTER	No	Indoor Climbing Wall		
Low Level Exercise		Swimming (72° -78° ; Chlorine)		Weights (Universal)		
Bicycle/Tricycle (Outdoors)		Sauna (170° -180° )		Weights (Free St.)*		
Outside Walks		Steam Room (100° -110° )				
Shooting Baskets		Whirlpool (102° -105° ; Bromine)				
Badminton		Water Walking				
Ping-Pong		Water Aerobics/Jogging				
Billiards						
Fooseball						

\*Not Available to Patients with Seizures

COMMENTS:

Recreation Therapist Name (Please Print)	Recreation Therapist Signature	Date
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Authorizing Signature of Physician or Primary Nurse	Date
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Patient Identification	Clearance for Patient Participation In Recreational Activities NIH- 2768 (5-98) P.A. 09-25-0099 File in Section 3: Rehabilitation
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