



The Turn

Wharton Golf Center at North Olmsted Golf Club
One Golfview Lane, North Olmsted, OH 44070
440.686.1070 (ext. 211)
jointheturn.org

Medical Clearance Form

Dear Physician,

Your patient has enrolled in **The Turn**, a non-profit organization. The Wharton Golf Center at North Olmsted Golf Course is home to this free weekly program that operates year-round. Our goal is to improve overall health and wellness of the physically challenged community in Northeast Ohio through innovative programs combining functional fitness training and adaptive recreation. Our current focus is to improve balance, posture, flexibility, strength, coordination, and endurance through functional exercises that will enhance the golf skills of the beginner and experienced golfer under the supervision of PGA professionals and fitness oriented physical therapists. The golf program portion includes individualized instruction involving short game and full swing activities. The fitness program may include progressive resistance training, flexibility exercises, balance training, and coordination and mobility activities. New enrollees are asked to notify their physician, so we are aware of any conditions that may impact their ability to participate.

PATIENT’S CONSENT AND AUTHORIZATION

I consent to and authorize the release of health information to The Turn staff and volunteers concerning my ability to participate in the fitness and golf program. I understand this consent is revocable. Authorization is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited without my written consent.

Participant’s Signature: _____ Date: _____

To be completed by physician:

Primary Physical Disability: _____ **Onset:** _____

Please check one and explain if necessary:

My patient can participate in a fitness/golf program without restrictions.

My patient can participate, but with the following precautions and/or restrictions:

I recommend my patient not participate at this time in The Turn for the following reasons:

****Your patient may benefit from the use of a single rider golf cart that places him/her in a secure upright weight bearing position. Please note any restrictions from use of this golf positioning cart:**

Physician’s signature: _____ **Date:** _____