

**Ho'ola Lahui Hawaii
Kauai Great Weight Out
Medical Clearance Form**

I hereby certify that _____ has been examined and cleared by me to participate, with the noted restrictions, in a mild to moderate exercise program that may include: walking; flat-land hiking; water, low impact, and basic step aerobics; tone and strengthening with light weights (two pounds to ten pounds).

Physician's comments:

Please list patient's last screening results:

- ❖ If labs are pending, you may cc Ho'ola Lahui Hawai'i / Kauai Community Health Center Medical Physician: Eugene Kroon at 4491 Rice Street Unit #6 Lihue, HI or Fax 246-9551

Height: _____	Date: _____	Total Cholesterol: _____	Date: _____
Weight: _____	Date: _____	Triglycerides: _____	
BMI : _____	Date: _____	HDL: _____	
Blood Pressure: _____	Date: _____	LDL: _____	
Fasting blood gl _____	Date: _____	HbA1c (if indicated): _____	Date: _____

Physician's Signature: _____

Date: _____

For Staff Use Only:

Height: _____	Date: _____	Total Cholesterol: _____	Date: _____
Weight: _____	Date: _____	Triglycerides: _____	
BMI : _____	Date: _____	HDL: _____	
Blood Pressure: _____	Date: _____	LDL: _____	
Fasting blood gl*: _____	Date: _____	HbA1c (if indicated): _____	Date: _____
*if indicated			