



WENDY LEE FITNESS

Certified Cancer Specialist

Wendy.Lee987@gmail.com | 203.496.1857



Strength and Courage Exercise Classes

For Breast Cancer Patients/Survivors

Mondays at 12:00pm ~Starting April 13th

Bendheim Western Greenwich Civic Center,

449 Pemberwick Rd, Greenwich, CT

\$10.00/class

Regular and moderate activity both during and after cancer treatment will help to preserve muscle tone, joint motion and aerobic stamina. It can also help to combat many of the treatment-related side effects resulting in increase energy, a boost in mood & self-confidence.

The benefits are endless!

Everyone is Welcome!

Wendy offers safe and effective cancer exercise classes that are tailored to everyone's needs and limitations. Movements and exercises are targeted to help regain and maintain range of motion, restore physical and emotional balance, and generally raise your energy levels.

All while having fun!

Please complete Participant Information Sheet on reverse side and bring it with you to class.

Wear comfortable clothing/sneakers and bring water & exercise mat.

For More Information Or Inquiry Visit - www.WendyLeeFitness.com

MEDICAL CLEARANCE FORM

Dear Doctor:

_____ will be participating in an exercise program with Wendy Lee Fitness at the Benheim Western Greenwich Civic Center. The fitness program includes circumference measurements of any effected areas to determine baseline as well as ROM tests. The exercise program is designed to include basic stretching and flexibility exercises along with the use of light resistance to increase upper and lower body strength as well as cardio as individually tolerated. Participants will be reavaultated periodically to gauge progress. Wendy Lee Rosa has been certified by the Cancer Exercise Training Insitute as a Cancer Exercise Specialist. Thus has undergone thorough and intensive training in working with the special needs of cancer survivors.

If you know of any medical or other reasons why participation in this exercise program by the applicant would be unwise, please indicate so on this form. If you have any questions about the program, please don't hesitate to call me at 203.496.1857.

Report of Physician

_____ I know of no reason why the applicant may not participate

_____ I believe the applicant can participate, but I urge caution because:

_____ The applicant should not engage in the following activities:

_____ I reccommend that the applicant not participate.

Physician Signature _____

Date _____

Address _____

City, State & Zip _____

Phone _____

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