



MEDICAL CLEARANCE FORM

Doctor

Location

Name of Physician

Physician's Office

DOB

Name of Applicant

Phone of Applicant

The above applicant has applied for enrollment in the exercise programs at the YMCA. The exercise programs are designed to start easy and become progressively more difficult over a period of time. Qualified personnel trained in conducting exercise tests and exercise programs will administer the exercise programs.

By completing the form below, however, you are not assuming any responsibility for our administration of the exercise programs. **If you know any medical or other reason why the applicants in the exercise program would be unwise, please indicate so on this form.**

If you have any questions about the YMCA exercise programs, please call the branch and ask to speak with the Fitness Director.

TO BE COMPLETED BY THE PHYSICIAN (Report of Physician)

PLEASE WRITE LEGIBLY.

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

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

I recommend that the applicant NOT participate.

I recommend the applicant participate in the following exercise programs:

Water Exercise Arthritis Exercise Land Exercise Strength Training Mind/Body Exercise

Physician's Name (please print) _____

Physician's Signature _____ Date _____

Address _____ Telephone _____

City & State _____ Zip _____

RETURN COMPLETED FORM TO:

■ Mission Valley YMCA

5505 Friars Road

619-298-3576

FAX: 619-298-9262

■ Toby Wells YMCA

5105 Overland Avenue

858-496-9622

FAX: 858-496-8950

ATTENTION STAFF _____ PROGRAM NAME _____