



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEDICAL CLEARANCE

Your patient would like to begin participating in an increased physical activity program at the YMCA. Program instructors and trainers will be developing fitness tests that assess the development of numerous cardiovascular, respiratory, and muscular workout routines. Client-specific programs are designed as a progressive flow in routine that starts out easy and progresses to more difficult participation over a set period of time. All fitness tests and exercise programs will be professionally developed and administered by qualified personnel working within the YMCA.

Personnel has been properly trained in conducting precise exercise tests and programs that are appropriate for each and every client that we work with. After reviewing _____ responses to our medical clearance forms, we would appreciate your medical opinion and recommendation concerning participation in our YMCA programs.

Please fill out the form below with regard to your client. If you know of any other medical reasons why participation in fitness programs at the YMCA would be unwise for the applicant, please indicate so.

PHYSICIAN REPORT

Are there specific concerns or conditions our staff should be aware of before this individual engages in physical fitness programs within our YMCA?

(Yes / No) If yes, please specify: _____

The applicant should not engage or participate in the following fitness activities:

As the applicant's primary physician, I recommend that he/she does NOT participate.

(Yes / No) Explain reasoning: _____

Please indicate any special recommendations or specific comments concerning client.

Name (printed): _____ Date: _____

Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Office Email: _____