MEDICAL CLEARANCE FORM

Fit for Life Fitness Center

South Windsor Senior Center

150 Nevers Road, South Windsor, CT 06074

Phone: 860-648-6361

Patient's Name: _____

Address: _____

Email: _____

Phone: _____

Please complete the following for the above patient's initial application to participate in an exercise program:

1. **Health History:**
   - **( ) Cardiac**
   - **( ) Diabetes**
   - **( ) Arthritis**
   - **( ) Orthopedic**
   - **( ) Pulmonary**
   - **( ) CVD**
   - **( ) Hypertension**
   - **( ) Other**

Please explain checked items if necessary:

_____

_____

_____

2. **Medications:**

   _____ _____ _____

   _____ _____ _____

   _____ _____ _____

   _____ _____ _____

3. **Please indicate any specific guidelines or limitations for this patient?**

   _____

   _____

   _____

4. **Approval:**
   I approve this applicant for her/his participation in the Fit for Life exercise program:

   PHYSICIAN'S SIGNATURE:_____
   PRINTED NAME: _____
   PHONE: _____**DATE:**_____