

Medical Clearance Form

By checking this box, you give permission to your primary care physician to fax this form to the BAYSTATE MIGHTY program at the YMCA of Greater Westfield at 413-572-3995.

Patient's Name: _____ Date of Birth: _____

Dear Doctor _____,

Your patient _____ has requested to participate in the Baystate MIGHTY Program at the Westfield YMCA. The program offers nutrition education, lifestyle change strategies, and exercise sessions. Exercise sessions include a variety of physical activities such as sports, group exercise, muscular strength and endurance training, and cardiorespiratory fitness. Fitness activities will be administered by qualified personnel.

Each participant requires a physician's clearance prior to participation in the MIGHTY Program at the YMCA program. By completing the form below, you are not assuming any responsibility for our administration of the exercise program. If you know of any medical or other reasons why participation in the MIGHTY Program would be unwise for your patient, please indicate so on this form.

If you have any questions regarding the MIGHTY Program at the YMCA program, please call the program coordinator.

Program Coordinator: Kara Miller Phone: (413) 206-5694

Physician's Report

My patient, listed above, is:

_____ Not cleared to exercise at this time

_____ Cleared to exercise with no restrictions

_____ Cleared to exercise with the following restrictions and/or recommendations

Physicians Name: _____

Physicians Signature: _____ Date: _____

Physician's Phone: _____

Return Fax: (413) 572-3995, Cindy Agan, Health & Wellness Director, Greater Westfield YMCA