

## Medical Clearance Form

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone# \_\_\_\_\_,

Your patient \_\_\_\_\_ has requested to participate in the Baystate MIGHTY Program at the Westfield YMCA. It is for children with a body mass index above the 95th percentile

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: Cindy Agan Phone: (413) 568.8631

### 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