

YMCA OF CENTRAL STARK COUNTY

Medical Clearance Form

Dear Doctor,

_____ has applied for enrollment in the fitness testing and/or Personal Training program at the YMCA of Central Stark County.

The fitness testing program involves a submaximal test for cardiorespiratory fitness, body composition analysis, flexibility test, and muscular strength and endurance tests.

Personal training programs are designed to take a person from his/her current fitness level to improved wellness. Education, motivation, and gentle understanding are key components. The trainer will spend one-on-one time with the participant to help them achieve their goals. All fitness tests, exercise programs, and training will be administered by qualified personnel trained in conducting exercise tests and exercise programs.

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

If you have any questions about YMCA Personal Training, please email personaltraining@ymcastark.org and list your YMCA Branch in the Subject line.

REPORT OF PHYSICIAN

_____ I know of no reason why the applicant my not participate.

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

_____ The applicant should not engage in the following activities:

_____ I recommend that the applicant NOT participate.

Physician signature _____ Date _____

Address _____

City and State _____ Zip code _____

Phone _____