



YMCA MEDICAL CLEARANCE FORM

Dr. _____ Location: _____
Name of Physician Physician's Office

Name of Patient DOB Patients phone #

The above applicant has applied for enrollment in the exercise programs at the YMCA. The exercise programs are designed to start easy and become progressively more difficult over a period of time. Qualified personnel trained in conducting exercise tests and exercise programs will administer the exercise programs. By completing the form below, however, you are not assuming any responsibility for our administration of the exercise programs. If you know any medical or other reason why the applicants in the exercise program would be unwise, please indicate so on this form.

If you have any questions about the YMCA's MINDful Movement Class designed for Dementia patients, please contact Laura Reynolds at the Downtown YMCA. (423) 266.3766

TO BE COMPLETED BY THE PHYSICIAN

☐ I know of no reason why the applicant may not participate.

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

☐ I recommend that the applicant NOT participate.

Physician's Signature _____ date _____

Address _____ telephone _____

City & State _____ zipcode _____

PLEASE FAX OR EMAIL COMPLETED FORM ATTENTION TO LAURA REYNOLDS

(F) 423.265.5043

lreynolds@ymcachattanooga.org