East Hartford Senior Center

Physical Address: 15 Milbrook Drive, East Hartford, CT 06118
Mailing Address: East Hartford Town Hall, Senior Services, 740 Main Street, East Hartford, CT 06108
Phone: 860-291-7460 Fax: 860-895-1513 Website: www.easthartfordct.gov

Fitness Center Medical Clearance Form

Section 1: To be Completed by Applicant:

Applicant's Name: _____
Address: _____
Email: _____
Phone: _____

Section 2: To be Completed by Health Care Provider/Physician:

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

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

   Please explain checked items if necessary:
   _____
   _____
   _____

2. Medications:
   _____ _____ _____
   _____ _____ _____
   _____ _____ _____
   _____ _____ _____

3. Approval:
   ☐ I approve this applicant for full participation in the Fitness Center at the East Hartford Senior Center.
   ☐ I approve this applicant for participation in the Fitness Center at the East Hartford Senior Center with the following specific guidelines or limitations:
   _____
   _____
   _____
   ☐ I do not approve this applicant for participation in the Fitness Center at the East Hartford Senior Center.

Signature of Health Care Provider/Physician: _____
MD / DO / APRN / PA

Date Signed: _____

Printed/Stamped Provider Name and Phone Number: _____