



Power to Survive Program

Physician Statement and Clearance Form

Welcome to Power to Survive! You have been recommended to this program by your physician. Your physician will need to complete and return this medical release form before beginning this program at YMCA Specialty Fitness at Foxcare. Medical records will be requested only if your physician indicates that your activity is restricted. All medical information that is released to the YMCA Specialty Fitness at Foxcare will remain confidential and secure.

At the YMCA Specialty Fitness at Foxcare, your safety is our primary concern. For that reason, we comply with the health and fitness standards of the American College of Sports Medicine and the International Health, Racquet and Sportsclub Association. I hereby give my physician permission to release any pertinent medical information from any medical records to the staff at YMCA Specialty Fitness at Foxcare. All information will be kept confidential.

Patient name: _____

Date of Birth: _____

Patient signature: _____

Today's Date: _____

Patient phone number: _____

Reason for Medical Clearance (Dx): _____

Physician's name: _____

Phone: _____

Address: _____

For Physician Use Only

Please check one of the following statements:

- I concur with my patient's participation with no restrictions
- I concur with my patient's participation with the following restrictions: _____

- I do not concur with my patient's participation in an exercise program. (If checked, the patient will not be allowed to join YMCA Specialty Fitness at Foxcare) for the reason of:

Physician Name: _____

Physician's signature: _____

Date: _____

Please return completed form to YMCA Specialty Fitness at Foxcare. Address: 1 Foxcare Drive Oneonta, NY 13820
Fax: (607) 431-5192