



SENIOR CENTER  
East Longmeadow Council on Aging

*The Center of It All*

## Town of East Longmeadow Council on Aging

328 North Main Street, East Longmeadow, MA 01028  
Main Office: 413-525-5436 Fax: 413-526-9746



### Medical Clearance Form

**\*\*This form MUST be completed by a certified physician *prior* to participation in the Fitness Center. \*\***

The Fitness Center is located within the Council on Aging. It has the following equipment available for use: Paramount Strength Training System (Weight Machine), Treadmills, Recumbent Exercise bikes, Elliptical Fitness Cross Trainers. **Initial training of equipment use is provided, but direct supervision of equipment use is NOT.**

<b>Patient Name:</b>			<b>Date of Birth:</b>		
<b>Address:</b>				<b>Home Phone:</b>	
<b>City:</b>		<b>State:</b>	<b>Zip:</b>	<b>Cell Phone:</b>	
<b>A. Health History (Check each that applies.)</b>					
<input type="checkbox"/> Cardiac		<input type="checkbox"/>		<input type="checkbox"/> Diabetic	
<input type="checkbox"/> Pulmonary		<input type="checkbox"/>		<input type="checkbox"/> Balance problems	
<input type="checkbox"/> Seizures		<input type="checkbox"/>		<input type="checkbox"/> Arthritis	
<input type="checkbox"/> CVA		<input type="checkbox"/>		<input type="checkbox"/> Orthopedic	
<input type="checkbox"/> Hypertension		<input type="checkbox"/>		<input type="checkbox"/> Anxiety/Depression	
<input type="checkbox"/> Fainting or dizzy spells		<input type="checkbox"/>		<input type="checkbox"/> Other:	
<b>Provide a brief explanation for checked items.</b>					
<b>B. Patient Medication History</b>					
Medication		Condition		Dosage	
<b>C. Patient Guidelines and/or Limitations</b>					
<b>D. Approval:</b> I approve the use of the Pleasant View Fitness Center and equipment for this patient.					
Physician Signature				Date:	
Physician Printed Name				Office Phone:	

*I give permission for my physician to release this information to the Pleasant View Senior Center.*

**PATIENT SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_