Pleasant View
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

Carolyn Brennan
Executive Director

Medical Clearance Form

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

Patient Name:			**Date of Birth:**
Address:			**Home Phone:**
City:	**State:**	**Zip:**	**Cell Phone:**

A. Health History (Check each that applies.)

	Cardiac		Diabetic
	Pulmonary		Balance problems
	Seizures		Arthritis
	CVA		Orthopedic
	Hypertension		Anxiety/Depression
	Fainting or dizzy spells		Other:

Provide a brief explanation for checked items.

B. Patient Medication History

Medication	Condition	Dosage

C. Patient Guidelines and/or Limitations

D. Approval: 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: _____