



PHYSICIAN'S APPROVAL FORM
Windsor Senior Center Fitness Facility

I, _____ give my permission to
(sign name)

_____ to complete this physician's consent form.
(Physician's name)

_____ is requesting medical approval to participate in the Fitness Facility.
(print your name)

This is a non-monitored exercise area. The fitness facility includes cardiovascular equipment such as treadmills, exercise bicycles, and strength training equipment involving a fully adjustable weight system as well as limited hand-held weights.

_____	_____	_____	_____
Patient Name	Home Phone		
_____	_____	_____	_____
Address	City	State	Zip Code

***Your signature below will verify the above patient is appropriate for a low to moderate intensity exercise program based on the American College of Sports Medicine Guidelines.

The following restrictions apply to this participant: (if none, so state).

_____	_____	_____	_____
Physician's Signature	Date		
_____	_____	_____	_____
Physician's Name (Print)	Telephone Number		
_____	_____	_____	_____
Address	City	State	Zip Code

When completed, please send form to:

**Windsor Senior Center
599 Matianuck Ave.
Windsor, CT 06095**

or

Fax to (860) 285-1908

For more information, please call us at (860) 285-1992