



Medical Clearance Form: Youth Strong

Patient Name:

Patient Phone:

Patient DOB:

Physician Name:

Physician Phone:

Physician Fax:

Hello,

Your patient has requested to participate in Youth Strong: a free, year-long program designed to support childhood cancer survivors—from infancy through age 18—in regaining their health and well-being through the YMCA of Greater Waukesha County. The Youth Strong program is designed to help young cancer survivors build meaningful connections while strengthening their mind, body, and spirit. Participants have the opportunity to work with YGWC Personal Trainers and/or Program Instructors to safely achieve their goals such as building muscle mass and strength, increasing endurance, and building social connections.

Based on the Youth Strong intake form, your patient has indicated a diagnosed medical condition, coronary risk factor, and/or health condition that require a physician's clearance prior to participation in the Youth Strong program.

By completing the form below, you are not assuming any responsibility for our administration of the fitness assessment or exercise program. If you know of any medical or other reasons why participation in the Youth Strong program would be unwise for your patient, please indicate so on this form. Call 262-330-5192 with any questions.

Physicians Report (**check one**)

My patient, listed above, is:

☐ Not cleared to exercise at this time

☐ Cleared to exercise with no restrictions

☐ Cleared to exercise with the following restrictions and/or recommendations:

Physicians Name:

Physicians Signature:

Date:

RETURN FAX: 262-330-5191 YMCA OF GREATER WAUKESHA COUNTY