



Cairo-Durham
CENTRAL SCHOOL DISTRICT

Wellness Center

Physician's Medical Clearance Form

(User Name) _____ has requested use of the Cairo-Durham Central School District's Wellness Center. A description of the equipment and exercise activities, which are available in the District's Wellness Center, are described in the attached brochure. The physician's receipt of this brochure is hereby acknowledged by the physician's signature below. The District's Wellness Center is a supervised facility. If you know of any medical reason why participation by the applicant would be unwise, please indicate so on this form. If you have any further questions about the facility, its equipment or activities, please call the Cairo-Durham Central School District's Business Office at 518-622-8534.

PHYSICIAN REPORT: I, _____ (physician's name, please print) give my consent for _____ (member's name) to use the Cairo-Durham Central School District's Wellness Center and participate in its exercise activities.

Specific Recommendations:

Restrictions:

(Physician's Signature)

(Date)

Physician Address:

Physician Phone Number: _____

Confidential Information; Controlled Distribution