

Groton Senior Center  
102 Newtown Road  
Groton, CT 06340  
(860) 441-6785  
FAX (860) 441-6789  
PHYSICIAN'S CLEARANCE

Dear Doctor;

Your patient, \_\_\_\_\_, has requested to use the Groton Senior Center's Cardio and/or Weight Resistance equipment.

**The Cardio Equipment** consists of **treadmills, stationary bikes, Schwinn Airdyne bikes, recumbent bike and Cardioglides.**

**The Weight Machines** are 8 different stations, that can be increased in weight and include **overhead shoulder press, chest press, lateral pull down, leg extensions, leg curls, leg press, tricep push down and bicep curls.**

Your patient will be instructed by the certified personal fitness instructor on how to use the equipment prior to use following ACSM standards and guidelines.

**This is a NON-MONITORED fitness area.**

Please list any restrictions, or weight limit your patient may have:

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Please check one: 1. Patient IS cleared for CARDIO and WEIGHT equipment. \_\_\_\_\_  
2. Patient may only use CARDIO equipment. \_\_\_\_\_  
3. Patient is NOT cleared for exercise. \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

(Please print physician's name and address)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**PATIENT:** Please fill out the following information before giving this form to the Physician.

Patient Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

