



# StrongHeart

Please be sure to complete this form and turn it in to the front desk.

**NAME:** \_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Cathy Mason, lead instructor, will contact you for an interview prior to being placed in a class.

Next Class will begin February 2020

(Specific Dates are to be determined)

I would like to attend a: morning class   
Evening class

By signing below I understand that this application does not guarantee participation in the class and I agree to be contacted for an interview.

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Medical Clearance Form

Date: \_\_\_\_\_

Physician's Practice: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Participant's Phone: \_\_\_\_\_

Physician's Fax Number: \_\_\_\_\_

Participant's DOB: \_\_\_\_\_

The above named individual has expressed interest in participating in **STRONGHEART** at the YMCA: A Heart Health Education and Exercise Program at the Sumter YMCA. At the start of this program the participant will participate in a fitness assessment, including the step test, muscular endurance and strength test, balance and flexibility test. Following the fitness assessment, your patient will partake in cardio respiratory fitness, muscular strength and endurance, and flexibility and balance activities while self-monitoring blood pressure before and after exercise. A specific, individualized exercise program will be created for the participant based on the needs, interests and any recommendations you might have. It is designed to meet the client where they are at and progressively become more challenging over a 12 week period. All fitness assessments and exercise activities will be administered by a certified personal trainer who is trained in conducting exercise test and exercise programs.

Based on the participant's interest in this, he/she has indicated a history of cardiovascular disease, hypertension and/or high cholesterol that require a physician's clearance prior to participating.

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 program would be unwise for this individual, please indicate so on this form.

If you have any questions regarding the **STRONGHEART** program, please call the program coordinator.

Program Coordinator: Cathy Mason Phone: (803) 773-1404

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### Physicians Report

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

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Physicians Name: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_