

## 5. Physician's Approval Form

\_\_\_\_\_ has expressed an interest in participating in the non-supervised McCormack Fitness Center, Inc. (MFC) facility.

The following equipment will be available for use **without supervision or instruction**: treadmills, step machines, cross trainers, rowers, exercise bikes, elliptical trainers, weight training machines, free weights and classes.

As a screening device, your patient has completed the attached Health History Questionnaire (HHQ). Your patient's 'YES' response(s) on the HHQ require us to obtain your approval before your patient can join the MFC.

If you have any questions about the MFC, please contact Derrick Golden, Board of Director McCormack Fitness Center, (617) 918-1744. This form may be faxed confidentially by the prospective member or his/her doctor's office to the MFC at (617) 918-0660 or scanned and emailed to [garcia.ariel@epa.gov](mailto:garcia.ariel@epa.gov).

### *For Physician Use Only (Please check one of the following statements)*

\_\_\_\_\_ I **concur** with my patient's participation with **no restrictions**.

\_\_\_\_\_ I **concur** with my patient's participation **with** the following **restrictions**:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I **do not concur** with my patient's participation in an exercise program (if checked, the individual will not be allowed to join the MFC).

\_\_\_\_\_  
Physician's Name (print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

(\_\_\_\_\_)\_\_\_\_\_  
Office Phone