

**Great Island by Del Webb
Recreation Center**

149 Great Island
Plymouth, MA 02360

PRE-EXERCISE MEDICAL EXAMINATION FORM

This form must be completed and signed by your physician prior to using the Great Island Community Center fitness equipment.

Last Name _____ **First Name** _____

Address _____

Phone # (h) _____ **(w)** _____

D.O.B. _____

Emergency Contact _____ **Phone #** _____

Doctors Name _____

Doctors Phone # _____

I _____ (doctors name) have examined the above patient and find that he/she may participate in all physical fitness programs (please note any exceptions below) offered at Great Island.

(Doctors Signature and stamp)

(Date)