

State of Maine Employee Wellness Center Program Clearance Form

All Retirees must bring in a note from their doctor

Date: _____

Dear Dr. _____

I am writing to you on behalf of your patient, _____, DOB, _____.
Your patient has applied to join the State of Maine-sponsored Employee Wellness Center Program. The center is staffed by a professional fitness team. Our goal is to provide a safe fitness setting for our members. Review of your patient's health history shows he/she has health risk factors that require health clearance before he/she can engage in center activities.

Please check the box that applies to your patient:

The above named patient may engage in the full scope of Wellness & Fitness Center activities without limits.

The above named patient may engage in Wellness & Fitness Center activities with these limits:

The above named patient should not engage in Wellness & Fitness Center activities at this time.
If this is your advice, when will it be safe for your patient to apply again?

Center patient wishes to join: Eastside Bangor

Comments: _____

Health Care Provider's Signed Name: _____

Thank you for your time and help. Please fax this form to the fax number listed at the bottom of this form and circle the location of choice.

Respectfully,

Chris Sementelli, M.Ed., LATC
Manager, MaineGeneral Sports Medicine
and State of Maine Employee Wellness Center Program

FAX #621-7501

Location (please circle one)

AUGUSTA/EASTIDE or BANGOR

