



**Town of Tonawanda
Aquatic and Fitness Center**

One Pool Plaza, Buffalo, NY 14223
Phone: 716-876-7424 Fax: 716-876-3943

**Physician Referral Form
for
Candidate to Participate in a Fitness Program**

Date:_____ Name of Patient:_____ Sex:___ Age:___

Address:_____

Phone:_____

Current Medications:_____

Other Pertinent Information:_____

I have examined the above applicant and as his/her personal physician approve participation in: **PLEASE BE AS DETAILED AS POSSIBLE**

() Fitness Program without limitations

() Fitness Program with the following limitations and/or restrictions:

() Fitness Program with supervision (New Beginnings Personal Training Program)

Signed:_____ Phone:_____

Name of Physician: (Please Print)_____

Joseph H. Emminger, Supervisor
Town of Tonawanda

Daniel J. Crangle, Councilman
Chairman, Youth, Parks & Recreation Committee

Jeffrey P. Ehlers, Director
Youth, Parks & Recreation Department