

McComb Local School

328 South Todd Street · McComb, OH 45858 · 419-293-3979

Mr. Tony Fenstermaker, Superintendent · Mrs. Linda Clymer, Treasurer

Physician's Medical Clearance Form

Name: _____, has requested use of the McComb Local School's Fitness Center. A video detailing the equipment and its appropriate use is available and required viewing for all joining the center, and for any physician who wishes to see it. It can be found at www.mccombschool.org. The school's fitness room is supervised by volunteers. If you know of any medical reason why participation by the applicant would be unwise, please indicate so on this form. If you have any further question about the facility, the equipment or activities, please call the school at 419-293-3979.

Physician's Report

I, _____ (physician's name), give my consent for _____ (member's name) to use the McComb Local School's Fitness Center and participate in exercise activities.

Specific Recommendations:

Restrictions:

Physician's Signature:

Physician's Printed Name:

Physician's Address:

Physician's Phone Number: _____ Date: _____

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Elementary Principal (PreK-6)
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