St. Clair County Community Mental Health Authority

Medical Clearance

☐ HealthMatters™ Program ☐ Bfit ☐ InSHAPE® Shaping the future of mental health ™

Medical Provider: _____ CMH Case #:_____

Your patient _____, DOB_____has enrolled in an exercise program, which provides access to exercise classes, activities, and a personal trainer. Medical clearance is required for participation.

☐ Individual has no limitations

☐ Individual has the following limitations:

☐ Individual is NOT medically cleared to participate in the In-Shape program.

Additional comments:

Please attach any recent blood work-CMP (comprehensive metabolic panel), lipid panel, and HgbA1c*

_____ _____

Provider Signature Date

Please return by mail or fax*

3111 Electric Avenue, Port Huron, MI, 48060
Main: (810) 985-8900
Fax: (810)985-7620

Health-Medical Form: #04-0162
Revised Date 9/1/2023
EHR: Health Services, Other Health Documents Note: InShape/Bfit/Health Matters Medical Clearance Form