

MEDICAL INFORMATION COMPLETED BY PHYSICIAN

Name _____

Date of Birth _____ Address _____

Height _____ Weight _____ Date of last tetanus shot _____

Is patient currently taking or required to have access to prescribed medication? If yes, please list medication(s) _____

Allergies to medications _____

Are there any significant physical limitations or medical conditions, for example; asthma, seizures, diabetes? _____

If yes, please explain

Physician comments:

Competitive rowing involves prolonged high intensity exercise. I certify that I examined _____ and that he/she is physically capable to enroll and compete in supervised rowing activities.

Date of exam _____

MD print name _____

MD signature _____