

RFH Crew Physical Form

Athlete's Name _____ Grade ____ Date of Birth _____

Parent/Guardian _____ Home Phone _____

Address _____

MEDICAL INFORMATION COMPLETED BY PHYSICIAN

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's name (print) _____

MD signature _____