Your patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is interested in participating in the Spring 2017 competitive rowing program conducted by Ridgewood Crew. Competitive rowing is a very strenuous activity requiring a high level of physical fitness and endurance.

Based on your knowledge, treatment, and examination of the above patient, please indicate whether he/she has any condition which in any way limits or prevents his/her participation in a competitive rowing program. By completing the form below, you are not assuming any responsibility for Ridgewood Crew’s administration of its rowing program.

* Patient is cleared to participate, with no restrictions
* Patient is cleared to participate with the following restrictions:

* Patient is NOT cleared to participate at this time

Doctor’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s stamp: