



Ridgewood Crew Physician Clearance Form
Spring Season 2020

Your patient, _____, date of birth _____
is interested in participating in the Spring 2020 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: