



## Ridgewood Crew

### Physician Clearance Form

Your patient, \_\_\_\_\_, date of birth \_\_\_\_\_, is interested in participating in the 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:

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- Patient is NOT cleared to participate at this time

Doctor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's stamp: