



Ready Set Row Medical Clearance

A Physician must complete and date this form within 3 months of the start of a RSR Camp. The athlete's full physical can be completed within 13 months of the last day of camp.

Athlete's name: _____ DOB: _____

___ YES. My patient _____ has been/was examined _____ (date of last physical) and has no current unstable medical problems that are a contraindication to participating in an endurance exercise and resistance-training program. I also certify that the above-named participant has had a medical assessment if she/he had a COVID-19 infection to determine return to play clearance in full (not conditionally) and lack of transmissibility. I approve of and support her/his full participation in this intense and demanding strength and endurance-training rowing program, where she/he will be rowing and training twice a day. I have discussed the signs and symptoms that would make an exercise program unsafe. These symptoms are summarized as follows:

___ NO. My patient _____ is not eligible to participate in the Ready Set Row program due to his or her current medical status.

Does your patient have health problems of any kind (including physical, psychiatric, and behavioral) of which we should be aware? _____ NO _____ YES

If yes (patient has ever been hospitalized for any of these reasons), please list and/or explain them here:

Please indicate any special recommendations or specific comments:

Signature of Licensed Physician, Licensed
Physician Assistant, Licensed Nurse Practitioner
(Please Circle)

Date Signed: _____

Please Print Name

Please Print Office Address

Phone Number