



MEDICAL CERTIFICATE

STATEMENT BY PHYSICIAN OR LICENSED PRACTITIONER FOR ATHLETIC PARTICIPANT 2019-2020

Rower's Name _____

Address _____

DOB _____

I hereby certify that I have examined the above-mentioned student and find him/her from the physical, mental and cognitive standpoints fit to engage in a competitive rowing program during the 2019-2020 summer/school year.

Identified health issues that may impact the athlete's ability to participate in this sport:

1. _____
2. _____
3. _____

Medications and purpose:

1. _____
2. _____
3. _____

Signature of Physician—Licensed Practitioner _____

Address _____

Contact Phone Number _____

Date _____

Stamp from Licensed practitioner office: