



Physician Health Examination Form

This form is to be filled out by a licensed physician, unless there is a standard form used by the physician.

Name of rower: _____

I have examined this child in the last 24 months _____

Date of last examination _____

Is this child up to date with immunizations? _____

Date of last Tetanus booster (if applicable) _____

This child is under the care of a physician for the following conditions; (i.e. epilepsy, diabetes, ADD);

Current treatment and medication(s):

In my opinion, this child's health does _____ / does not _____ preclude his / her participation in the strenuous activities of the Rochester Rowing Club.

Recommendations and/or Restrictions:

Treatment to be continued prior to activities: (All medications must be on a Medication Administration form)

Medications to be administered (with times and dosages): _____

Allergies (food, drugs, plants, insects, etc.)

Additional health information:

Examining Physician _____

Printed Name _____

Phone Number _____