## **Pittsford Crew**

## Rowing Medical Clearance Form (To be completed by athlete's health care provider)

Athlete Name:	DOB
Date of most recent evaluation:	
Health Problem:	
Management Plan:	
It is important that health care providers aspects of rowing	_
• This athlete may be on the water in very warm or o	9
• Precautions to prevent dehydration, hypo- or hyper	rthermia will be followed.
• This athlete will be in a very narrow boat in 25' deinto shoes built into the boat. The other eight athle There will be a supervising adult in a separate boat athletes.	tes in the boat are 12-18 years old.
• The boats row up to three miles away from the boat 15 minutes to return to land.	athouse, so it will take at least 10-
• Emergency first aid supplies (inhalers, EpiPens, gl this athlete.	ucose) can be made available to
<ul> <li>Competitive rowing requires a level of physical ex soccer. Because the rower has the aide of a sliding push him/herself beyond a point where the body go</li> </ul>	seat, it is possible for the athlete to
Understanding the rowing conditions descri medically cleared to participate in Pittsford Crew p	
Signature of Health Care Provider:	- -

Telephone #\_\_\_\_

Print Health Care Provider's Name:

Date:\_\_\_\_\_