



**Baboosic Lake Rowing Club  
Physician Form**

**MEDICAL INFORMATION TO BE COMPLETED BY PHYSICIAN**

Competitive rowing involves prolonged high intensity exercise. I certify that my patient,

\_\_\_\_\_,  
is physically capable to enroll and compete in supervised rowing activities.

Date \_\_\_\_\_

Physician Name (print) \_\_\_\_\_

Physician Signature \_\_\_\_\_