

Naiades Oncology Rowing Medical Form

2017

Name: _____ DOB: _____

Address: _____

Phone number _____

Emergency Contact Name/ Relationship: _____

Emergency Contact Phone: _____

Type of Cancer: _____

- Rowing is a very strenuous activity. If you have any concerns about your medical capacity, please discuss with your personal physician to get recommendations and clearance to row.
- Information is on a need to know basis for emergencies. Please discuss any specific concerns with the coach.
- Medical/surgical conditions* that would impact rowing or would be needed for emergency care such as physical limitations (rowing can put a strain on wrists, shoulders, back, knees):

*Medical concerns (examples: Diabetic on insulin needing urgent sugar replacement for low blood sugar, severe allergic reactions requiring an epi-pen for injection). Personal medical required items should be carried by the rower with the coach's knowledge.

Signature: _____

Date: _____