

Sports Medical Authorization-Physician's Form

 Valid for **ONE YEAR** only from date of examination.

To be completed by physician.

HT	WT	BP	Vision
Contacts: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Hearing: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Skin: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Musculoskeletal: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Head: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Spine/Scoliosis: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Eyes: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Neck: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
ENT: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Shoulders: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Heart: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Hand/arms: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Lungs: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Hips: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Abdomen: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Knees: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Genitalia: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Ankles: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Neuro: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Feet: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Comments: 			
I certify that _____ is able to participate in interscholastic sports as of _____ (date of exam).			
Physician's Signature: 			
Physician's Name (Please print legibly): 			
Address: 		Phone: 	

Please return completed forms to:
Norwalk River Rowing Association
1 Moodys Lane, Norwalk, CT 06851
ATTN: Youth Program Director