



MEDICAL CLEARANCE FOR PARTICIPATION IN ORIENTATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

The above named patient is cleared to fully participate in the physical demands of Orientation at Massachusetts Maritime Academy without restrictions or concerns for their safety and well-being. Specifically they are cleared for:

Running and sprinting

Long periods of marching in formation

Physical training, including push-ups and sit-ups

Overhead arm activities such as throwing, catching, climbing

Swimming, flipping a life raft, donning a water survival suit

Sports, including Water Polo, Ultimate Frisbee, Softball, Dodgeball

Pulling heavy objects

Participation in physical activities in hot and humid conditions

Signature of medical care provider: \_\_\_\_\_

Office Stamp:

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