Preparticipation Physical Evaluation

CLEARANCE FORM

Name ___________________________ Sex □ M □ F Age ___________ Date of birth ___________

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for

____________________________________________________________________________________

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports

Reason ____________________________________________________________

Recommendations _________________________________________________________

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I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) __________________________________________ Date ____________

Address __________________________________________________________ Phone ______________

Signature of physician ________________________________________________ MD or DO

EMERGENCY INFORMATION

Allergies _____________________________________________________________

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Other information ______________________________________________________

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