



PREPARTICIPATION PHYSICAL EXAMINATION

Clearance Form

This page is to be submitted by the patient to the school. It should NOT contain private health information. A copy of this page should be maintained by the health care provider.

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 _____

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 Health Care Provider _____ Signature _____ Date _____

Address: _____ Phone _____

EMERGENCY INFORMATION

Allergies _____

Other information _____
