



PHYSICAL EXAMINATION CLEARANCE FORM

This form must be on file in the school before practicing with any athletic team

Student Name: _____ Birth Date: _____ Age: _____ Gender: M / F
 Address: _____
 Home Telephone: _____ - _____ - _____
 School: _____ Grade: _____ Sports: _____

I certify that the above student has been medically evaluated and is deemed to be physically fit to: (Check One Box)

- (1) Participate in all school interscholastic activities without restrictions.
 (2) Not cleared for: All Sports Specific Sports _____

Cross out specific sports below not cleared for participation.

Sport classification based on contact:

Collision Contact Sports		Limited Contact Sports			Non-contact Sports	
Basketball	Ice Hockey	Baseball	Alpine Skiing	Track Field Events	Bowling	Track Running
Boys Lacrosse	Soccer	Competitive Cheer	Girls Softball	High Jump	Cross Country	Track Field Events
Diving	Wrestling	Girls Lacrosse		Pole Vault	Golf	Discus
Football		Girls Gymnastics		Girls Volleyball	Swimming	Shot Put
					Tennis	

Sport classification based on intensity and strenuousness:

High Intensity High-to-Moderate Dynamic High-to-Moderate Static		High Intensity High-to-Moderate Dynamic Low Static		High Intensity Low Dynamic High-to-Moderate Static	Low Intensity Low Dynamic Low Static
Alpine Skiing	Track Events - Distance	Baseball	Swimming	Girls Competitive	Bowling
Cross Country	Track Events - Sprint	Lacrosse (Boys and Girls)	Tennis	Cheer	Golf
Football	Wrestling	Soccer	Girls Volleyball	Diving	
Ice Hockey		Girls Softball		Field Events	
				Girls Gymnastics	

- (3) Requires further evaluation before a final recommendation can be made.
 Additional recommendations for the school or parents: _____

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 provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Examiner Signature: _____ DO MD NP PA Date of Exam: _____
 Print Examiner Name: _____
 Address: _____
 Office Telephone: _____ - _____ - _____

COPY BOTH SIDES OF THIS SHEET FOR THE STUDENT TO RETURN TO THE SCHOOL AND KEEP THE ENTIRE FORM IN THE STUDENT'S MEDICAL RECORD

----- < DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE > -----

EMERGENCY INFORMATION FOR: _____ Grade: _____

Allergies – Drug Reactions – Current Medications: _____
 Other Special Medical Information: _____
 Emergency Contact: _____ Relationship: _____
 Telephone: (H) _____ - _____ - _____ (W) _____ - _____ - _____ (C) _____ - _____ - _____
 Personal Physician _____ Office Telephone _____ - _____ - _____