



STATE OF TENNESSEE  
 DEPARTMENT OF HEALTH  
 CORDELL HULL BUILDING  
 425 5<sup>TH</sup> AVENUE NORTH  
 NASHVILLE, TENNESSEE 37243  
 (615) 532-3101

# INTERSCHOLASTIC SPORTS EXAMINATION

Name \_\_\_\_\_ Sex \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

This athlete is:

- Cleared without restriction
- Cleared, **with recommendations** for further evaluation or treatment for:  
 \_\_\_\_\_  
 \_\_\_\_\_

- Not cleared for:
  - All sports
  - Certain sports: \_\_\_\_\_

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_

### EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

Other information: \_\_\_\_\_  
 \_\_\_\_\_

### IMMUNIZATIONS

(Tetanus/diphtheria, MMR, Hepatitis A, Hepatitis B, Influenza, Polio, Pneumococcal, Meningococcal, Varicella)

- Up to date     Not up to date (Specify: \_\_\_\_\_)

### WELL CHILD CHECK/EPSDT

- Has completed well child exam/EPSDT screen (required for 7th and 9th grade athletes)

Name of Provider (print/type): \_\_\_\_\_

Office Address: \_\_\_\_\_  
 \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_