

## VUSD Preparticipation Physical Evaluation Clearance

Name of Athlete: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Athlete is cleared without restrictions.

Athlete is cleared with the following restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Athlete is not cleared to participate

Name of Physician: \_\_\_\_\_ M.D. or D.O. Date: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician \_\_\_\_\_