

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./O.D. Date: _____

Address: _____ Phone: _____

Signature of Physician: _____