



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
CORDELL HULL BUILDING
425 5th 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: _____