

# PREPARTICIPATION PHYSICAL EVALUATION

## MEDICAL ELIGIBILITY FORM



Student name (first & last): \_\_\_\_\_ Student ID: \_\_\_\_\_

Sport(s): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Check one below (to be completed by a health care professional):

Medically eligible for ALL sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of:

\_\_\_\_\_  
 Medically eligible for certain sports:

\_\_\_\_\_  
 Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings 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 physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Health care professional name: \_\_\_\_\_

Date of exam: \_\_\_\_\_ Phone: \_\_\_\_\_

Health care professional signature: \_\_\_\_\_, MD or DO

Form must be completed by a Medical Doctor (MD) or Doctor of Osteopathy (DO).	Place health care professional stamp below:
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## SHARED EMERGENCY INFORMATION

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

Medications: \_\_\_\_\_ NA:

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

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_