



GOVERNMENT OF THE VIRGIN ISLANDS
 DEPARTMENT OF
EDUCATION

*Office of the Insular Superintendent
 St. Thomas-St. John School District*

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Sports Clearance Form

Name _____ Sex: Male/Female

Age _____ Date of Birth _____

School _____

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
 - Pending further evaluation
 - For any sports
 - For certain sports

Reason _____

Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport (s) as outlined above. A copy of the physical exam 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete and parents/guardians.

Name of physician (print/type) _____ Date _____

Address _____

Phone _____ Signature of Physician _____