



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

DEPARTMENT OF EDUCATION

Office of the Insular Superintendent
St. Croix District

2133 Hospital Street Christiansted
St. Croix, U.S. Virgin Islands 00820
Tel: (340) 773-1095 • Fax: (340) 773-4624
www.vide.vi

Dr. Sharlene Belton-Gonzalez
sharlene.belton@vide.vi
Insular Superintendent

Carla A. Bastian-Knight, Ed.D
carla.bastian@vide.vi
Deputy Superintendent

Andrea Shillingford
andrea.shillingford@vide.vi
Deputy Superintendent

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 _____

