

***Only this form needs to be returned to Coach for clearance to practice football

PREPARTICIPATION PHYSICAL EVALUATION
MEDICAL ELIGIBILITY FORM

Name: _____ Date: _____ Student Id: _____

Sport(s) requesting clearance for: _____

HT _____ WT _____ BMI% _____ B/P _____ R / L P _____ RR _____ T _____

Hgb _____ Vision Pass/Fail Corrected ☐ Y ☐ N Hearing RT _____ LT _____

HR after exercise _____; 2 min rest _____ Normal / Abnormal Recovery

☐ **Medically eligible** for all sports without restriction

☐ **Medically eligible** for all sports without restriction with **recommendations** for further evaluation or treatment of _____

☐ **Not** medically eligible pending further evaluation of _____

☐ **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) listed on this form. If conditions arise after the athlete has been cleared for participation, the practitioner may rescind the medical eligibility until the problem is resolved.

Name of practitioner (print): _____ Date: _____

Address: _____ Phone: _____

Signature of practitioner: _____, CPNP

EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Pertinent health information: _____