

**St. Thomas-St. John School District**

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GOVERNMENT OF THE VIRGIN ISLANDS

DEPARTMENT OF  
**EDUCATION**

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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 \_\_\_\_\_