

VUSD Preparticipation Physical Evaluation Clearance

Name of Athlete: _____

Birthdate: _____

Grade: _____

School: _____

Athlete is cleared without restrictions.

Athlete is cleared with the following restrictions:

Athlete is not cleared to participate

Name of Physician: _____ M.D. or D.O. Date: _____

Address _____ Phone: _____

Signature of Physician _____