2026 – 2027 St. John Bosco High School
PREPARTICPATION PHYSICAL EVALUATION

■ **Upload this completed form onto www.AthleticClearance.com**

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

SHARED EMERGENCY INFORMATION

Allergies: _____

_____

_____

Medications: _____

_____

_____

Other information/Underlying conditions/Previous Surgeries: _____

_____

_____

Emergency contacts: _____

_____

_____

PHYSICIAN INFORMATION

Height:	Weight:
BP: / (/)	Pulse:

□ Medically eligible for all sports without restriction

□ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

_____

□ Medically eligible for certain sports

_____

□ Not medically eligible pending further evaluation

□ 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) as outlined on this form. A copy of the physical examination findings is on record in my office and can be made available to the school at the parents' request. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (stamp or print): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____MD, DO, NP, or PA

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