Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

❑ Cleared without restriction

❑ Cleared, with recommendations for further evaluation or treatment for: _____

_____

_____

_____

❑ Not cleared for ❑ All sports ❑ Certain sports: _____ Reason: _____

Recommendations: _____

_____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

IMMUNIZATIONS (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

❑ Up to date (see attached documentation) ❑ Not up to date Specify _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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