

Pre-participation 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 **Not up to date** Specify: _____

Name of Physician (print/type) _____ Date _____

Address _____

Signature of Physician: _____ MD or DO

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