

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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