



Preparticipation Athletic Physical Clearance Form

Student Name: _____ Date of Birth: _____

Sport(s): _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for:

Not Cleared

Pending further evaluation

For any sports

For certain sports Reason: _____

History of COVID in the past 12 months? Yes No

If yes, any post COVID complications? Yes No

If yes, please explain: _____

Emergency Information

Allergies (Drug/Material, Reactions and Treatment)

Recommendations/ Other Information (Prescriptions, Over-The-Counter, Supplements, etc):

I have examined the above-named student, completed the preparticipation physical evaluation and reviewed the student's relevant health history. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam and the athlete's health history is on record in my office and can be made available to the school at the request of the student. If conditions arise after the athlete has been cleared for participation, the physician or other advanced practice provider, may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete.

Name of Provider: _____

Address: _____ Office Phone: _____

Signature of Provider: _____ Date of Physical Exam: _____