

# 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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## Attention Parents/Guardians:\*

The purpose of this section is to bring to your attention the existence of potential dangers associated with participation. Participation in any athletic activity may involve injury of some type. The severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord. On rare occasions, injuries can be so severe as to result in total disability paralysis or death.

Even with the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above names student in the course of such athletic activities or such travel.

\_\_\_\_\_ Our son/daughter is covered by \_\_\_\_\_ Insurance Co.

\_\_\_\_\_ We will purchase the necessary insurance provided by the school to cover our son/daughter.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\* This **must** be signed for the student to participate in any athletic activities.