

Preparticipation Physical Examination

Clearance Form

Name _____ Sex _____ Age _____ Date of Birth _____

Cleared without restriction

Cleared, with recommendations for further evaluations 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) _____ Date _____

Address _____ Phone _____

Signature of physician _____ MD or
DO

