



Preparticipation Physical Evaluation: ONLY this form should be submitted to the school for athletic participation. Physical Exam must be after June 7th of the school year of intended participation.

Name of Student: _____ Grade: _____ Date of Birth: _____

SPORT: (circle all that apply) Basketball Soccer

- Medically eligible for all sports without restriction.
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____
- Medically eligible for certain sports. _____
- Not medically eligible pending further evaluation.
- Not medically eligible for any sports.

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

***Date of Exam:** _____

**Exam date must be after June 7th of the school year of intended participation.*

PHYSICIANS STAMP:

SHARED EMERGENCY INFORMATION (completed by parent/guardian)

Allergies: _____

Medications: _____

Other Information: _____

Emergency Contacts: _____

I, _____, parent/guardian of the student named above attest that these statements are accurate to the best of my knowledge.

Parent Signature: _____

Date: _____