

2023-2024

SAINT EDWARD PUBLIC SCHOOLS

CLEARANCE FORM

Name _____ M _____ F _____ Grade _____

Allergies/Chronic Illnesses _____ Date of Birth _____

Ht. _____ Wt. _____ B/P _____

IMMUNIZATION RECORD REVIEWED _____ YES _____ NO _____ RECORD ATTACHED _____ YES _____ NO _____

IMMUNIZATION RECEIVED TODAY _____ must be up to date on immunizations to participate.

_____ Cleared for all sports without restriction

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

of _____

_____ Not Cleared

_____ Pending further evaluation

_____ For any sport

_____ For certain sports/activities

Reasons/Reccomendations _____

Other Information:

I have examined the above-named students and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contradictions to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of heath care provider (print/type) _____ **Date** _____

Address of health care provider _____ Phone _____

Signature of health care provider _____

SEE OTHER SIDE