

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:

□ 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:	PHYSICIANS STAMP:
*Exam date must be after June 7 th of the school year of intended participation.	
SHARED EMERGENCY INFORMATION (completed by parent/guardian) Allergies:	
Medications:	
Other Information:	
Emergency Contacts:	
I,, parent/guardian of the st	tudent named above attest that these
statements are accurate to the best of my knowledge.	Deter
Parent Signature:	Date:

Adapted from the 2019 form created by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. 5/2023