



WELL EXAM - SPORTS PARTICIPATION CLEARANCE FORM

NOTE: Please have your child's physician complete this form or you may submit this information on his/her doctor's form.

Student Name _____ Age: ____ Date of Birth: ____/____/____ Grade: ____

This Athlete is:

- Cleared without restriction
- Cleared, with restrictions:

- Not cleared for: All Sports: _____

Certain sports: _____

Reason: _____

Relevant Medical Information for Coaches and Athletic Department:

Allergies:

EpiPen? Y _____ N _____ Asthma? Y _____ N _____

Diabetes? Y _____ N _____ Seizures? Y _____ N _____

If yes for any of the above, please list emergency medications:

Comments:

Name of Practitioner (print/type): _____ Practitioner Phone # _____

Signature of Practitioner: _____ Date of Exam: ____/____/____