**Pre-participation Physical Evaluation Clearance Form**

Name Sex Age Date of Birth

□ Cleared without restriction

□ Cleared, with recommendations for further evaluation or treatment for:

□ Not cleared for: □ All Sports □ Certain Sports:

Reason:

Recommendations:

**EMERGENCY INFORMATION**

Allergies

Other information

Name of physician (print/type) Date

Address Phone

Signature of physician , MD or DO

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