

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name:	Date of birth:	
□ Medically eligible for all sports without restriction		
☐ Medically eligible for all sports without restriction with reco	mmendations 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 co apparent clinical contraindications to practice and can p	participate in the sport(s) as outlined on this f	orm. A copy of the physical
arise after the athlete has been cleared for participation, and the potential consequences are completely explained	n be made available to the school at the reque , the physician may rescind the medical eligible ad to the athlete (and parents or guardians).	st of the parents. If conditions lity until the problem is resolved
arise after the athlete has been cleared for participation,	, the physician may rescind the medical eligible to the athlete (and parents or guardians).	lity until the problem is resolved
arise after the athlete has been cleared for participation, and the potential consequences are completely explained	, the physician may rescind the medical eligibled to the athlete (and parents or guardians). Date	lity until the problem is resolved of exam:
arise after the athlete has been cleared for participation, and the potential consequences are completely explained. Name of health care professional (print or type):	, the physician may rescind the medical eligibled to the athlete (and parents or guardians). Date Phon	of exam:
arise after the athlete has been cleared for participation, and the potential consequences are completely explaine Name of health care professional (print or type): Address:	, the physician may rescind the medical eligibled to the athlete (and parents or guardians). Date Phon	of exam:
arise after the athlete has been cleared for participation, and the potential consequences are completely explaine Name of health care professional (print or type): Address: Signature of health care professional:	, the physician may rescind the medical eligibled to the athlete (and parents or guardians). Date Phon	of exam:
arise after the athlete has been cleared for participation, and the potential consequences are completely explained. Name of health care professional (print or type): Address: Signature of health care professional: SHARED EMERGENCY INFORMATION	, the physician may rescind the medical eligibled to the athlete (and parents or guardians). Date Phon	of exam:
arise after the athlete has been cleared for participation, and the potential consequences are completely explained. Name of health care professional (print or type): Address: Signature of health care professional: SHARED EMERGENCY INFORMATION	, the physician may rescind the medical eligibled to the athlete (and parents or guardians). Date Phon	of exam:
arise after the athlete has been cleared for participation, and the potential consequences are completely explained. Name of health care professional (print or type): Address: Signature of health care professional: SHARED EMERGENCY INFORMATION	, the physician may rescind the medical eligibled to the athlete (and parents or guardians). Date Phon	of exam:
arise after the athlete has been cleared for participation, and the potential consequences are completely explained. Name of health care professional (print or type): Address: Signature of health care professional: SHARED EMERGENCY INFORMATION Allergies:	, the physician may rescind the medical eligibled to the athlete (and parents or guardians). Date Phon	of exam:
arise after the athlete has been cleared for participation, and the potential consequences are completely explained. Name of health care professional (print or type): Address: Signature of health care professional: SHARED EMERGENCY INFORMATION Allergies:	, the physician may rescind the medical eligibled to the athlete (and parents or guardians). Date Phon	of exam:
arise after the athlete has been cleared for participation, and the potential consequences are completely explained. Name of health care professional (print or type): Address: Signature of health care professional: SHARED EMERGENCY INFORMATION Allergies:	, the physician may rescind the medical eligibled to the athlete (and parents or guardians). Date Phon	of exam:
arise after the athlete has been cleared for participation, and the potential consequences are completely explained. Name of health care professional (print or type): Address: Signature of health care professional: SHARED EMERGENCY INFORMATION Allergies: Medications:	, the physician may rescind the medical eligibled to the athlete (and parents or guardians). Date Phon	of exam:
arise after the athlete has been cleared for participation, and the potential consequences are completely explained. Name of health care professional (print or type): Address: Signature of health care professional: SHARED EMERGENCY INFORMATION Allergies: Medications:	, the physician may rescind the medical eligibled to the athlete (and parents or guardians). Date Phon	of exam:
arise after the athlete has been cleared for participation, and the potential consequences are completely explained. Name of health care professional (print or type): Address: Signature of health care professional: SHARED EMERGENCY INFORMATION Allergies: Medications:	, the physician may rescind the medical eligibled to the athlete (and parents or guardians). Date Phon	of exam:
arise after the athlete has been cleared for participation, and the potential consequences are completely explained. Name of health care professional (print or type): Address: Signature of health care professional: SHARED EMERGENCY INFORMATION Allergies: Medications: Other information:	, the physician may rescind the medical eligibled to the athlete (and parents or guardians). Date Phon	of exam:

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.