## PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

## \_\_\_\_\_\_ Date of birth: \_\_\_\_\_ Name: ☐ 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 quardians). Address: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Signature of health care professional: \_\_\_\_ \_\_\_\_\_, MD, DO, NP, or PA SHARED EMERGENCY INFORMATION Medications: Other information: Emergency contacts: \_\_\_\_\_

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