

CLEARANCES (See notes at bottom for conditions requiring attention and for a list of sports by type of contact)

- A.** Student is cleared for participation in all sports without restriction.
 - B.** Student is **withheld clearance** for participation in any sport until evaluation / treatment of:

 - C.** Student is cleared for participation in **limited types** of sports which **exclude** the following types of sports contact: (CHECK ALL THAT APPLY)
 CONTACT/COLLISION NON-CONTACT/STRENUOUS
 LIMITED CONTACT NON-CONTACT/NON-STRENUOUS
- Due to: _____

HISTORY REVIEWED AND STUDENT EXAMINED BY:

Physician's/Provider's Stamp:

- Primary Care Provider
- School Physician Provider
- License Type:
- MD/DO
- APN
- PA

PHYSICIAN'S/PROVIDER'S SIGNATURE: _____ Today's Date: _____
Date of Exam: _____

HISTORY REVIEWED BY:

Name _____ Today's Date: _____
SIGNATURE: _____ Review Date: _____

