

CLEARANCES: (See notes at bottom for conditions requiring attention and for a list of sports by level 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: _____

RESERVED FOR SCHOOL DISTRICT USE