

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: Child's Name in Final Forms Date of birth: Month/Day/Year

OR
OR

[X] Medically eligible for all sports without restriction

[X] Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Explanation of restrictions needed for athletic participation

[X] Medically eligible for certain sports

Providers should clearly state which activities are OK for participation. If the sport is not listed and this is checked, this would not be a valid form of participation.

[] Not medically eligible pending further evaluation

[] Not medically eligible for any sports

Recommendations: Additional information relevant to their physical. (Injury, illness, etc.)

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 guardians).

Name of health care professional (print or type): DO, MD, ARNP, PA-C ONLY Date:

Address: Phone:

Signature of health care professional: MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: Parents OR Providers can fill out this area to give our coaches and athletic trainer more information regarding your child's specific health needs

Medications:

Other information:

Emergency contacts: