

# Physical Examination Information

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Each participant must **EITHER** attach a copy of a physician conducted sports examination applicable to this current academic year **OR** have a physician complete and then sign the form below.

Clearance: (circle one)

A. Cleared

B. Cleared after completing evaluation / rehabilitation for: \_\_\_\_\_

C. Not cleared for:  Collision

Contact

Non-contact:  Strenuous  Moderately strenuous  Non-strenuous

Due to: \_\_\_\_\_

Recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_