

**2024-2025**

**SAINT EDWARD PUBLIC SCHOOLS**

**CLEARANCE FORM**

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Grade \_\_\_\_\_

Allergies/Chronic Illnesses \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ B/P \_\_\_\_\_

IMMUNIZATION RECORD REVIEWED \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ RECORD ATTACHED \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

IMMUNIZATION RECEIVED TODAY \_\_\_\_\_ must be up to date on immunizations to participate.

\_\_\_\_\_ Cleared for all sports without restriction

\_\_\_\_\_ Cleared for all sports without restriction with recommendations for further evaluation or treatment

of \_\_\_\_\_

\_\_\_\_\_ Not Cleared

\_\_\_\_\_ Pending further evaluation

\_\_\_\_\_ For any sport

\_\_\_\_\_ For certain sports/activities

Reasons/Reccomendations \_\_\_\_\_

Other Information:

I have examined the above-named students and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contradictions to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

**Name of heath care provider (print/type)** \_\_\_\_\_ **Date** \_\_\_\_\_

Address of health care provider \_\_\_\_\_ Phone \_\_\_\_\_

**Signature of health care provider** \_\_\_\_\_