

**CIF PRE-PARTICIPATION PHYSICAL EVALUATION:**

**CLEARANCE FORM (TO BE SIGNED BY PHYSICIAN AND UPLOADED ON 'REGISTER MY ATHLETE')**  
**ATHLETIC PHYSICALS ARE GOOD FOR ONE CALENDAR YEAR FROM THE DATE OF PHYSICIAN'S SIGNATURE**

Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sports: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

**CLEARANCE**

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendation for further evaluation or treatment for:  
\_\_\_\_\_
- Not cleared  Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_ Reason \_\_\_\_\_

**Recommendations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications 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 his/her parents/guardian.**

Name of physician (print/type) \_\_\_\_\_ MD or DO

Signature \_\_\_\_\_ Date of Examination \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY INFORMATION**

**ALLERGIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_