

# Malcolm Public Schools CLEARANCE FORM

*This section to be completed by a physician*

## Preparticipation Physical Evaluation

## CLEARANCE FORM

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- Cleared without restriction  
 Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_  
 Not cleared for  All sports  Certain sports: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

### EMERGENCY INFORMATION

Allergies \_\_\_\_\_ Other Information \_\_\_\_\_

**IMMUNIZATIONS** (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

- Up to date (see attached documentation)  Not up to date Specify \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of physician \_\_\_\_\_, MD or DO

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**Please complete if applicable:**



Give MONTH, DAY, & YEAR of each **NEW** immunization given this year

Type	Date	Date