Preparticipation Physical Evaluation - Physical Form

Preparticipation Physical Evaluation Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: Medically eligible for certain sports: Not medically eligible pending further evaluation. Not medically eligible for any sports. Recommendations: 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. If conditions arise after the athlete had 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.	Last N	ame				First N	Vame	N	fiddle Initial		Dat	e of Birth	
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Name of health care professional (print or type):	not ha	ave a _l	ppare arise	nt clii after t	nical (contraindica lete had bee	tions to pra n cleared f	actice and or particip	can particip	ate in the sy ysician may	port(s) as outlined rescind the media	d on this cal eligibil	form. If lity until
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Address: Phone:													
Signature of health care professional: MD, DO, NP, or PA													