

PREPARTICIPATION PHYSICAL EVALUATION

**MEDICAL ELIGIBILITY FORM**

Student Name: Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | Medically eligible for ***ALL SPORTS*** **without restriction** |
|  | Medically eligible for all sports without restriction with ***recommendations*** for further evaluation or treatment of the listed current medical issue(s): |
|  | Medically eligible for specified sports listed here: |
|  | Not medically eligible pending further evaluation – Date of Next Evaluation:  |
|  | Not medically eligible for any sports (please provide any further explanation) |
|  | Physician Recommendations: |

I have examined the student named on this form and completed the preparticipation physical evaluation (***See CHSAA Form***). The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

|  |
| --- |
| Health Care Professional Name (print or type): |
| Address: |
| Date | Phone:  |
| Health Care Professional Signature: | MD, DO, NP or PA |

**SHARED EMERGENCY INFORMATION**

|  |
| --- |
| Allergies: |
| Medications: |
| Other Information: |

**PREPARTICIPATION PHYSICAL EVALUATION**

© 2019 *American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical* Society *for Sports Medicine,* ***American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational*** *purposes with acknowledgment.*