

Physical Examination Signature Page

Attach this page to your athlete passbook, and keep a copy for your records
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Athlete's name: _____ Date of Birth: _____

Athlete's signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____

_____ Cleared for all full contact combat sports without restriction

_____ Cleared for all full contact combat sports without restriction with recommendations for further evaluation for _____

_____ Not cleared. Pending further evaluation.

For any sports _____

For certain sports _____

Reasons: _____

Recommendations: _____

I have examined the above-named athlete and completed the preparticipation 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 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 parent/guardian.

Name of Physician/P.A./or Nurse Practitioner: _____

Address: _____ Phone: _____

Signature: _____ Date: _____