INTERSCHOLASTIC SPORTS EXAMINATION

Name ____________________________________________ Sex ______

Age __________ Date of Birth ___________ Grade __________

This athlete is:

☐ 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

(Tetanus/diphtheria, MMR, Hepatitis A, Hepatitis B, Influenza, Polio, Pneumococcal, Meningococcal, Varicella)

☐ Up to date ☐ Not up to date (Specify: ____________________________)

WELL CHILD CHECK/EPSDT

☐ Has completed well child exam/EPSDT screen (required for 7th and 9th grade athletes)

Name of Provider (print/type): ________________________________

Office Address: ______________________________________

_____________________________________________________

Office Phone: (________) ________________________________

Signature of Provider: __________________________ Date: ________________