

## Physical Examination Information

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Each participant must EITHER attach a copy of a physician conducted sports examination applicable to this current academic year OR have a physician complete and then sign the form below.

Clearance: (circle one)

A. **Cleared**

B. **Cleared after completing evaluation / rehabilitation for:** \_\_\_\_\_

C. **Not cleared for:**  **Collision**

**Contact**

**Noncontact:**  **Strenuous**  **Moderately strenuous**  **Nonstrenuous**

**Due to:** \_\_\_\_\_

**Recommendation:** \_\_\_\_\_

Signature of physician \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Physician Address \_\_\_\_\_

Physician Phone \_\_\_\_\_