CIF PRE-PARTICIPATION PHYSICAL EVALUATION: CLEARANCE FORM (TO BE SIGNED BY PHYSICIAN AND RETURNED TO ATHLETIC DIRECTOR)

Name		male Age	Date of Birth
Sports: Fall	Winter		Spring
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CLEARANCE			
□ Cleared for all sport	s without restriction		
□ Cleared for all sport	s without restriction with recomm	iendation for further eva	aluation or treatment for:
	ng further evaluation ny sports		
		Reason	
Recommendations:			
potential consequences ar	red for participation, the physician re completely explained to the athlogype)	lete and his/her parents/s	
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Address			Phone
EMERGENCY INFORM	IATION		Dr. Office Stamp Here
ALLERGIES:			
OTHER INFORMATION:			