

ELKHORN ATHLETIC ASSOCIATION
PREPARTICIPATION PHYSICAL EVALUATION
CLEARANCE FORM

A valid physical must be completed after January 1st, 2019 and before the athlete may start practicing for the season. This form or another clearance form signed by the medical profession who performed the physical must be submitted to the EAA to be eligible to participate.

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for : _____

Not cleared

Pending further evaluation

For any sports

For certain sports

Reason _____

Recommendations _____

I have examined the above-named athlete and completed the pre-participation 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 to the EAA 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 parents/guardians).

Name of physician (print/type) _____

Date _____

Address _____

Phone _____

Signature of physician _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

