Physical Expires:	
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CIF PRE-PARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM SECTION II. Name_ □ Male □ Female Age_____ Date of Birth Sports: Fall Winter Spring **CLEARANCE STATUS:** Cleared for all sports without restriction Cleared for all sports without restriction with recommendation for further evaluation or treatment for Not cleared Pending further evaluation П □ For any sports □ For certain sport Reason **Recommendations:** I have examined the above-named student 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 school 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 his/her parents/guardian. Name of physician (print/type) _____ State License Number: Date of Physical Date of Expiration Physician's Address _____ Phone **EMERGENCY INFORMATION ALLERGIES:** OTHER INFORMATION:

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