



# 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: \_\_\_\_\_