

# Preparticipation Physical Evaluation CLEARANCE FORM



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 an annual 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 Nordiq Canada's Team Physician at the request of the athlete or parents/guardian. 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 \_\_\_\_\_, MD or DO

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

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Other information \_\_\_\_\_

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