

PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT <u>ONLY</u> THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.



MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) print legibly

School:	Student's Full Name:	Gender:	Age:	Date of Birth: / /
Home Address:	School:	Grade in School: S	Sport(s):	
Person to Contact in Case of Emergency: Relationship to Student:Other Phone: [Emergency Contact Cell Phone: [Other Phone: [Home Address: City/State:	Home P	hone: ()
Emergency Contact Cell Phone: [Office Phone: [Offic				
Medically eligible for all sports without restriction Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: (use additional sheet, if necessary) Medically eligible for all sports as listed below: Medically eligible for any sports Recommendations: (use additional sheet, if necessary) Medically eligible for any sports Recommendations: (use additional sheet, if necessary) Medically eligible for any sports Recommendations: (use additional sheet, if necessary) Medically eligible for any sports Recommendations: (use additional sheet, if necessary) Medically eligible for any sports Recommendations that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities. Mane of Healthcare Professional (print or type): Date of Exam: _// Address:Phone: () SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent surged history that is relevant to participation in competitive sports. (explain below, use additional sheet, if necessary)	Person to Contact in Case of Emergency:	Relationship to Student:		
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Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: (use additional sheet, if necessary) Medically eligible for only certain sports as listed below: Not medically eligible for any sports Recommendations: (use additional sheet, if necessary) In hereby certify that I have examined the above-named student-athlete using the CHSAA Proparticipation Physical Evaluation and have provided the conclusion() listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities. Name of Healthcare Professional (print or type):			Office Pho	one: ()
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Address:	Name of Healthcare Professional (print or type):			_Date of Exam://
Signature of Healthcare Professional:Credentials:License #:SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent List any medical history that is relevant to participation in competitive sports. (explain below, use additional sheet, if necessary)				
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Allergies/Anaphylaxis Asthma Cardiac/Heart Concussion Diabetes Heat Illness Orthopedic Surgical History Sickle Cell Tra Mental Health N/A – No relevant medical information to disclose Medications: (use additional sheet, if necessary) List:	SHARED EMERGENCY INFORMATION - completed at the time of asses	sment by practitioner and p	arent	
□ Mental Health □ N/A – No relevant medical information to disclose Medications: (use additional sheet, if necessary) List:	List any medical history that is relevant to participation in competitive spo	rts. (explain below, use additi	ional sheet, if	necessary)
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List:	□ Allergies/Anaphylaxis □ Asthma □ Cardiac/Heart □ Concussion □ □ Mental Health □ N/A – No relevant medical information to disclose	Diabetes 🔲 Heat Illness 🗌	Orthopedic	Surgical History Sickle Cell Tra
Signature of Student: Date:/ Signature of Parent/Guardian: Date:// We hereby state, to the best of our knowledge the information recorded on this form is complete and correct.	Medications: (use additional sheet, if necessary)			
Signature of Student: Date:/ Signature of Parent/Guardian: Date:// We hereby state, to the best of our knowledge the information recorded on this form is complete and correct.	List:			
We hereby state, to the best of our knowledge the information recorded on this form is complete and correct.				
This form is not considered valid unless all sections are complete				
	Date:Signature of Student:Sign	nature of Parent/Guardian:		

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