

**Bishop Neumann Catholic Jr. Sr. High School
Preparticipation Physical Evaluation**

Clearance Form

Name _____

Sex ____ Age ____ Date of Birth _____

Ht: _____ Wt: _____

- 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 (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

- Up to date (see attached documentation)
- Not up to date

Specify _____

Name of physician (print/type) _____

Address _____

Phone _____

Signature of physician _____, MD or DO

Date _____

Adapted from: ©2004 American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.