Eighth Grade Student Participation in High School Athletics – Supplemental Provider Attestation

To be completed by the licensed healthcare provider conducting the Preparticipation Physical Evaluation (Sports Physical).

Student Information

Student Name: _____

Date of Birth: _____

School: _____

Grade: ☐ 8th Grade

Sport(s): _____

Level of Participation Requested: ☐ Freshman ☐ Sophomore ☐ Junior Varsity ☐ Varsity

Provider Attestation

As the licensed healthcare provider completing this student's preparticipation physical examination, I have conducted an appropriate medical evaluation consistent with current preparticipation examination recommendations.

In determining whether this student may safely participate in high school athletics as an eighth-grade student, the following have been considered:

Assessment Area	Yes	No
Overall medical history reviewed and does not identify contraindications to participation	☐	☐
Current physical examination findings support participation	☐	☐
Musculoskeletal health and injury history support participation	☐	☐
Growth and physical development are appropriate for the requested level of competition	☐	☐
Emotional and psychosocial maturity are appropriate for the requested level of competition	☐	☐
Cardiovascular health supports participation	☐	☐
Neurological health, including concussion history (when applicable), supports participation	☐	☐
The nature and physical demands of the requested athletic competition have been considered	☐	☐
The student's overall health and developmental status are appropriate for participation at the requested level of competition	☐	☐

Based on my evaluation:

☐ The student may safely participate in **any of** the requested high school athletic **practices and competitions for all sports written on this form** and have determined that participation is medically appropriate.

I have considered both:

- **The nature of the athletic competition**, and
- **The student's health and development**

OR

☐ **The student may participate with the following recommendations or restrictions:**

Sports and level of Participation approved:

Additional Recommendations or restrictions:

OR

☐ **The student is not medically cleared for participation in high school athletics at this time.**

Reason(s):

Additional Comments (Optional)

Provider Certification

I certify that I am a licensed healthcare provider authorized to perform preparticipation physical examinations under applicable state law. The above determination reflects my professional medical judgment based upon the student's health status at the time of examination.

Provider Name (Print): _____

Credentials: _____

License Number (optional): _____

Clinic/Practice: _____

Phone: _____

Signature: _____

Date: _____