

Physical Exam -- Sports Participation Clearance



Student Name _____ Male _____ Female _____

Age _____ Date of Birth _____ Grade _____

This athlete is: _____ Cleared without restriction OR _____ Cleared with restriction: (explain)

Not cleared for: _____ Any Sport OR _____ Specific Sport (name) _____

Emergency Information:

Allergies: _____ Epipen Necessary: _____ YES _____ NO

Asthma: _____ YES _____ NO Diabetes: _____ YES _____ NO Seizure Disorder: _____ YES _____ NO

Emergency Medications? YES _____

Specify medication(s) and instruction for use

Date of Physical Exam: ____/____/____

Well exam using ICD-9-CM code:

☐ 9383 or 99393
5 - 11 years

☐ 99384 or 99394
12 – 17 years

☐ 99385 or 99395
18-39 years

Comments:

Name of Provider (please print/type): _____

Office Address: _____

Office Phone: (____) ____ - _____

Signature of Provider: _____ Date: _____

(This form must be uploaded to your child's Rank One profile. Please do not email or fax the form to the school. Email Matt Lennon with any questions)