

**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.*