MSAD 70

PREPARTICIPATION PHYSICAL EVALUATION

Name: _____ Sex: _____ Age: _____ Date of Birth: _____

School: _____

☐ Cleared without restriction

☐ Cleared, with recommendations for further evaluation or treatment for: _____

_____

_____

☐ Not Cleared for: ____ all sports ____ certain sports: _____ reason: _____

Recommendations: _____

_____

EMERGENCY INFORMATION

ALLERGIES: _____

SIGNIFICANT HEALTH CONCERNS: _____

_____

Does student have an inhaler or epi- pen?_____

Medications student is taking: _____

Does student wear contact lenses? _____

Immunizations (DTaP, Polio, MMR, Varicella, Tdap, meningococcal)

☐ Up to Date (See Attached)

☐ Not Up to Date: Specify: _____

Name of Physician: _____ Date: _____

Address: _____ Phone: _____

Physician Signature: _____