



**ASHLAND-GREENWOOD MIDDLE SCHOOL/HIGH SCHOOL  
PREPARTICIPATION PHYSICAL EVALUATION/EXAMINATION  
CLEARANCE FORM—GRADES 7-12**

**STUDENT INFORMATION**

**Student Name:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**EVALUATION/EXAMINATION FINDINGS**

Cleared without restriction

Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Not cleared for

All sports

Certain sports (list): \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY INFORMATION**

Allergies: \_\_\_\_\_

Other Information: \_\_\_\_\_

Immunizations:     Up to Date     Not up to date Specify: \_\_\_\_\_

**PHYSICIAN INFORMATION**

Name of Physician (print/type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_