

Physical Evaluation

Issaquah School District

It is your responsibility to keep the original signed copy of this physical for each season for which it is valid for your student.

Name: _____ Gender: Male Female Age: _____ Date of Birth: _____

Cleared for all sports without restrictions

Not cleared

Pending further evaluation

For any sports

For certain sports: _____

Reasons/Recommendations:

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If condition arises after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Physician Sign and Date Here

Exam Date: _____

Name of Physician: _____

Address: _____

Phone: _____

Physician

Signature: _____ MD or DO

Physician Stamp

EMERGENCY INFORMATION:

Allergies _____

Other Information _____
