



CIF PRE-PARTICIPATION PHYSICAL EVALUATION: PHYSICIANS CLEARANCE FORM

To be signed by Physician and uploaded to MC Connect. Valid for one calendar year from the signed date. Students must submit their form prior to their first day of participation (i.e. summer workouts, open gym/field, tryouts, practices, competitions). If a student does not have a current clearance form uploaded into MC Connect, they will NOT be permitted to practice or compete.

Name _____ ☐ Male ☐ Female Age ____ Date of Birth _____
Sports: Fall _____ Winter _____ Spring _____

CLEARANCE

☐ Cleared for all sports without restriction
☐ Cleared for all sports without restriction with recommendation for further evaluation or treatment for:

☐ Not cleared
☐ Pending further evaluation
☐ For any sports
☐ For certain sports _____ Reason _____

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 conditions arise 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 his/her parents/guardian.

Name of physician (print/type) _____ MD or DO

Signature _____ Date _____

Address _____ Phone _____

PARENT AND STUDENT VERIFICATION

I acknowledge that I have read and agree to all of the policies and agreements. I also understand that this form refers to all sports my student participated in this school year.

Parent Name: _____

Parent Signature: _____

Student Signature: _____