## MEDICAL ELIGIBILITY FORM

Student's Name:	Date of birth:
Student's Grade in the	school year.
A physical examination of this student was performed on	(date). The student is:
☐ Medically eligible for all sports without restriction	
☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of	
☐ Medically eligible for certain sports	
□ Not medically eligible pending further evaluation	
☐ Not medically eligible for any sports	
Recommendations:	
I have examined the student named on this form and completed the preparticilloclinical contraindications to practice and can participate in the sport(s) as outling record in my office and can be made available to the school at the request of the school at the school a	ned on this form. A copy of the physical examination findings are on the parents. If conditions arise after the athlete has been cleared for
participation, the physician may rescind the medical eligibility until the problem explained to the athlete (and parents or guardians).	is resolved and the potential consequences are completely
Name of health care professional (print or type):	Date:
Address:	Phone:
Signature of health care professional:	, MD, DO, NP, or PA
Valid Only with a Physician's Stamp:	

PVPUSD accepts physical examination reports from a M.D., D.O., Physicians' Assistant, and Nurse practitioner with a MD's stamp.

<sup>\*</sup> California Interscholastic Federation (CIF) policy 503.G. states: "schools will require that a student receive an annual physical examination conducted by a medical practitioner certifying that the student is physically fit to participate in athletics. The physical examination must be completed before a student may try out, practice or participate in interscholastic athletic competition."