## **Physical Evaluation**

## **Summit Classical Christian School**

valid for your student. \_\_\_\_\_\_Gender: O Male O Female Age:\_\_\_\_\_Date of Birth: \_\_\_\_\_ Name: ☐ 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** Physician Stamp Exam Date: Name of Physician: Phone:\_\_\_\_ Physician \_\_\_\_\_MD or DO Signature: **EMERGENCY INFORMATION:** Allergies \_\_\_\_\_ Other Information

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

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