

MERCY HIGH SCHOOL PHYSICAL EVALUATION 2023-24 CLEARANCE FORM

Name _____ Birthdate _____ Grade _____

____ Cleared for School Admission Without Restriction

____ Cleared for Athletic and Physical Education Participation Without Restriction

____ Cleared for School Admission with recommendations for further evaluation or treatment for:

____ Cleared for Athletic and Physical Education Participation with recommendations for further evaluation or treatment for:

____ **Not** Cleared for School Admission Reason: _____

____ **Not** Cleared for Physical Education Reason: _____

____ **Not** Cleared for Sports Reason: _____

EMERGENCY INFORMATION:

Allergies: _____

Other Information: _____

IMMUNIZATIONS (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

____ Up to date (see attached documentation)

____ **Not** up to date *specify* _____

Name of Physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of Physician _____, MD or DO