



PREPARTICIPATION PHYSICAL EVALUATION MEDICAL ELIGIBILITY FORM



(MUST BE COMPLETED AFTER APRIL 1, 2026)

Full Name: _____ **Date of Birth:** _____

Height: _____ **Weight:** _____ **BP:** _____

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 participant named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the chapter at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Date: _____

Name of health care professional (print or type): _____

Address: _____ Phone: _____

Signature of health care professional: _____

_____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information including ADA Compliance Requirements:

Parent signature: _____ Date: _____
