

# LAS VEGAS ELITE RUNNERS (LVER)

## Pre-Participation Physical Evaluation

### SPORTS PHYSICAL CLEARANCE FORM (Check one) ☐ Track and Field ☐ Cross Country

(This form is used in lieu of giving LVER the completed Medical History and Physical Exam forms and may be used when HIPAA concerns are present. It is still **mandatory** that the Medical History and Physical Exam forms be completed as instructed and kept with the athlete's physician )

Athlete Name: \_\_\_\_\_ Sex: ☐ M ☐ F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- ☐ Not cleared
- ☐ Pending further evaluation
  - ☐ For any sports
  - ☐ For Track Events   ☐ For Field Events   ☐ For Cross Country

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

#### EMERGENCY INFORMATION:

Allergies: \_\_\_\_\_

Patient/Athlete has a medical alert bracelet or necklace: ☐ Yes - \_\_\_\_\_ ☐ No ☐ Non-Applicable

Other Applicable Information: \_\_\_\_\_

**Physician: I certify that I have examined the above-named athlete 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 examination and medical history is on record in my office and can be made available to the LVER staff 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 parents/guardians. I also certify that I am a licensed medical physician, physician's assistant, or nurse practitioner.**

Name of physician: (print/type/stamp) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_