

**2016-2017**

**BRANDON JUMP ROPE TEAM  
PREPARTICIPATION PHYSICAL EVALUATION  
CLEARANCE FORM**

**Student Name:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Sex** \_\_\_\_\_ **Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_

\_\_\_ **Cleared without restriction**

\_\_\_ **Cleared, with recommendations for further evaluation or treatment for:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ **Not Cleared for** \_\_\_ **All Sports** \_\_\_ **Certain Sports** \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**Emergency Information:**

**Allergies** \_\_\_\_\_

**Other Information**

**Name of Physician (Print)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Signature of Physician** \_\_\_\_\_ **MD or DO**