



Physical Exam Form

NOTE: How often a clearance form is needed to play sports, is determined by your school. This clearance form is the only Sports Participation Clearance Form supported by the Vermont Principals' Association, the Vermont Departments of Health and Education, and the Vermont Chapters of the American Academy of Pediatrics and the American Academy of Family Physicians. The American Academy of Pediatrics Council on Sports Medicine and Fitness developed the research based screening activities done during a Well Exam, to determine sports readiness.

Student's Name _____

Age _____ Date of Birth _____ Grade _____

This Athlete is:

Cleared without restriction

Cleared, **with restrictions:**

Not cleared for: All sports

Certain sports: _____

Reason: _____

Relevant Medical Information for Coaches and Athletic Department:

Allergies: _____ EpiPen Necessary: Yes No

Asthma: Yes No Emergency Medications: _____

Diabetes: Yes No Emergency Medications: _____

Seizure Disorder: Yes No Emergency Medications: _____

Well Exam using ICD-9-CM code:

99383 or 99393

5 - 11 years

99384 or 99394

12 - 17 years

99385 or 99395

18 - 39 years

NOTE: Clearance form is not valid unless one of these Well Exam codes is checked by Practitioner

Comments: _____

Name of Practitioner (print/type): _____ Practitioner Phone # _____

Signature of Practitioner: _____ Date of Exam: ____/____/____

Suggestion for Athletic Department: Please make copy for School Nurse's Office records

9/09



Physical Exam Form



Physical Exam Form

