

**TAMALPAIS UNION HIGH SCHOOL DISTRICT  
ATHLETIC PARTICIPATION CLEARANCE FORM**

**Parental Permission: I/we consent to the following:**

- A) \_\_\_\_\_ has my/our permission to participate in the following sports this school.  
 \_\_\_\_\_ (student name)
- M F Grade Level \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_  
 Circle name of sport name of sport name of sport
- B) **Has your student attended another high school within the past 12 months? If so, which: \_\_\_\_\_.**  
**I/we are aware of the CIF/NCS/MCAL transfer policy as outlined on the back of this page.**
- C) The above named student resides in the Tamalpais Union High School District, or has an approved interdistrict transfer, and will abide by the district's residency policies in order to participate in athletics.
- D) I have read and understand all the information on this form and in the TUHSU Parent-Student Guide to Athletics which is available at [www.tamdistrict.org](http://www.tamdistrict.org) and each school's athletic website.
- E) I/we permit the above named student to compete in interscholastic athletics and travel to away competitions. If he/she is injured, the coach and/or school official is authorized to have him/her treated.
- F) If above named student is participating in swimming and/or water polo sport, I authorize the team coach to be in charge of supervision and safety at away contests at the pool.
- G) I am aware that academic eligibility for Fall sports is based on June grades. **Entering 9<sup>th</sup> grade athletes must attach a June report card with this form.** See the TUHSU Parent-Student Guide to Athletics for academic eligibility information.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- |                    |                            |                     |                          |
|--------------------|----------------------------|---------------------|--------------------------|
| 1. Sprains/strains | 3. Concussions             | 5. Paralysis        | 7. Communicable diseases |
| 2. Fractured bones | 4. Head and/or back injury | 6. Loss of eyesight | 8. Death                 |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered incidental to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK** information, all information provided is truthful and that I understand and agree to its terms.

**1. Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_\_\_  
 Address: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Street City Zip  
 Phone: Mother (h) \_\_\_\_\_ (w/c) \_\_\_\_\_ Father (h) \_\_\_\_\_ (w/c) \_\_\_\_\_

**2. Medical issues of which the school/coach should be aware:**

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**3. In case of injury/emergency (when parents/guardian are not available) notify:**

Name/relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

**4. Insurance Certification:** This certifies that the above named student is covered by personal accident insurance in case of injury while participating in interscholastic athletics during the coming school year. **Low cost school insurance is available, but may have limits that may not cover ambulance or other major medical expenses. Please read and understand such policy terms.**

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**-5. Doctor's Certification:** Please complete the attached medical clearance forms as follows:

- CIF PRE-PARTICIPATION PHYSICAL EVALUATION:** **CLEARANCE FORM (completed by physician and returned to school athletic director)**
- CIF PRE-PARTICIPATION PHYSICAL EVALUATION:** **HISTORY FORM (completed by athlete/family and retained by physician in medical record)**
- CIF PRE-PARTICIPATION PHYSICAL EVALUATION:** **PHYSICAL EXAMINATION FORM (completed by physician and retained in medical record)**

**CIF/NCS/MCAL TRANSFER POLICY:** Any student who transfers between high schools is subject to the CIF transfer policy. Beginning July 1, 2007, athletes may transfer ONCE at the beginning of NINTH grade. Any TENTH, ELEVENTH OR TWELFTH grade transfer student may not be eligible for varsity competition. All transfer athletes are considered ineligible and must request review of eligibility by the new school's principal or designee to determine eligibility for competition. Before participating in a league sport, CIF forms 206 and 207/209/510 will be required. Forms are available online at [www.cifnca.org](http://www.cifnca.org). Allow 20 business days for processing these forms. The athlete may miss part of the season of sport during the review and evaluation process. See your school's Athletic Director and visit <http://cifstate.org/> for additional information.

**NCS/MCAL EJECTION POLICY**

1. Ejection of a player from a contest for unsportsmanlike or dangerous conduct.  
Penalty: The player shall be ineligible for the next contest (non-league, league, invitational tournament, post season {league, section or state} playoff, etc.).
2. Illegal participation in the next contest by a player ejected in a previous contest.  
Penalty: The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.
3. Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season.  
Penalty: The player shall be ineligible for the remainder of the season.
4. When one or more players leave the bench to begin or participate in an altercation.  
Penalty: the player(s) shall be ejected from the contest-in-question and become ineligible for the next contest (non-league, league, invitational tournament, post-season, league, section or state) playoff, etc.)
5. Coaches are responsible for determining the cause of ejection for any of their players and are responsible for enforcement of the Ejection Policy. Confusion over the cause for a player's ejection shall not be the basis for allowing a student who has been ejected under an applicable rule to avoid the sanctions required by the Ejection Policy (either prohibition from participation or forfeiture) should a student who is in violation of the Ejection Policy play in a subsequent contest (BOM 10/24/97).

**TAMALPAIS UNION HIGH SCHOOL DISTRICT - STUDENT ATHLETE CONTRACT**

- I have read and understand the rules and regulations of the NCS/MCAL Ejection Policy. Athletes may not participate in any contest until this document is filed with the school.
- I have read the TUHSD Athletic Code of Conduct and understand what is expected of me as an athlete.

**I WILL**

- Show respect for myself, teammates, coach, opponents, and officials.
- Use no foul language, trash talk, negative gestures or actions to provoke a negative response or fighting.
- Avoid hazing of any description. Penalties may include, but are not limited to, removal from the team, suspension and/or criminal charges.
- Attend school a minimum of four (4) regular or two (2) block periods before I will be allowed to practice/play on any given day.
- Maintain a minimum of a 2.0 GPA and must be passing at least four classes according to TUHSD, MCAL and NCS policies.

Acknowledged by: \_\_\_\_\_  
Student Signature
Email
Date

**CONDITIONS OF PARTICIPATION FOR STUDENT-ATHLETES:**

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524)

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that under CIF Bylaw 200 D, there could be penalties for false or fraudulent information. We also understand that the (insert/school district name here) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

**TRANSPORTATION FOR ATHLETICS:** BP3541.1(a) and BP3541.1(b) The District may provide transportation for athletes to and from athletic events by contract with private transportation providers to the extent that funds are available for this purpose. When funds are not available, the Superintendent, or designee, will neither authorize nor arrange for the transportation of the students by private automobile. **Rather, students and/or their parents will be expected to assume responsibility and make their own arrangements for transportation to practices and contests. Coaches are never to provide transportation for students.**

\_\_\_\_\_  
Signature of Athlete Date

\_\_\_\_\_  
Signature of Parent/Caregiver Date

Approval to participate (initials of Athletic Director or Asst. Principal) \_\_\_\_\_  
Fall
Winter
Spring

## TAMALPAIS UNION HIGH SCHOOL DISTRICT

### Concussion Information Form

**(to be signed and returned to Athletic Director)**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

#### Symptoms may include one or more of the following:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul> | <ul style="list-style-type: none"> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul> |
|--|---|

#### Signs observed by teammates, parents and coaches include:

- |  |
|--|
| <ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</li> <li>• Shows behavior or personality changes</li> <li>• Can’t recall events prior to hit</li> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul> |
|--|

**What can happen if my child keeps on playing with a concussion or returns to soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

**and**

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**CIF PRE-PARTICIPATION PHYSICAL EVALUATION:**

**CLEARANCE FORM (TO BE SIGNED BY PHYSICIAN AND RETURNED TO ATHLETIC DIRECTOR)**

Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sports: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

**CLEARANCE**

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendation for further evaluation or treatment for:

\_\_\_\_\_

- Not cleared  Pending further evaluation
  - For any sports
  - For certain sports

Reason \_\_\_\_\_

**Recommendations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have examined the above-named student 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 exam is on record in my office and can be made available to the school 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 his/her parents/guardian.

Name of physician (print/type) \_\_\_\_\_ MD or DO

Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY INFORMATION**

**ALLERGIES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CIF PRE-PARTICIPATION PHYSICAL EVALUATION: HISTORY FORM (TO BE RETAINED BY PHYSICIAN)**  
 (This form is to be filled out by the parent/patient prior to seeing the physician. The physician should keep this form in the medical chart.)

Name \_\_\_\_\_ Date of Exam \_\_\_\_\_ School \_\_\_\_\_  
 Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all the prescriptions and over-the-counter medicines and supplements (herbal and medicinal) that you are currently taking:  
 \_\_\_\_\_  
 Do you have any allergies?  Yes  No If yes, please identify the specific allergy(ies):  Pollens \_\_\_\_\_  Food \_\_\_\_\_  Medicines \_\_\_\_\_  
 Insects \_\_\_\_\_  Other \_\_\_\_\_

Explain 'yes' answers on the back of this page. Circle questions you don't know the answer to.

| GENERAL QUESTIONS  | Yes | No |   |  |
|--|-----|----|---|--|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?   |     |    |   |  |
| 2. Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____   |     |    |   |  |
| 3. Have you ever spent the night in a hospital?  |     |    |   |  |
| 4. Have you ever had surgery?  |     |    |   |  |
| <b>HEART HEALTH QUESTIONS ABOUT YOU</b>  |     |    |   |  |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise?   |     |    |   |  |
| 6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?  |     |    |   |  |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise?  |     |    |   |  |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:<br><input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur<br><input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection<br><input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other _____ |     |    |   |  |
| 9. Has a doctor ever ordered a test for your heart? (i.e. EKG/ECG, echocardiogram)   |     |    |   |  |
| 10. Do you get light-headed or feel more short of breath than expected during exercise?  |     |    |   |  |
| 11. Have you ever had an unexplained seizure?  |     |    |   |  |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise?   |     |    |   |  |
| <b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>  |     |    |   |  |
| 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  |     |    |   |  |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?   |     |    |   |  |
| 15. Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?   |     |    |   |  |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?   |     |    |   |  |
| <b>BONE AND JOINT QUESTIONS</b>  |     |    |   |  |
| 17. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or game?  |     |    |   |  |
| 18. Have you ever had any broken or fractured bones or dislocated joints?  |     |    |   |  |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?  |     |    |   |  |
| 20. Have you ever had a stress fracture?   |     |    |   |  |
| 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability, Down syndrome or dwarfism?  |     |    |   |  |
| 22. Do you regularly use a brace, orthotics or other assistive device?   |     |    |   |  |
| 23. Do you have a bone, muscle or joint injury that bothers you?   |     |    |   |  |
|  |     |    | 24. Do any of your joints become painful, swollen, feel warm or look red?   |  |
|  |     |    | 25. Do you have any history of juvenile arthritis or connective tissue disease?                                       |  |
|  |     |    | <b>MEDICAL QUESTIONS</b>  |  |
|  |     |    | 26. Do you cough, wheeze or have difficulty breathing during or after exercise?                                       |  |
|  |     |    | 27. Have you ever used an inhaler or taken asthma medicine?   |  |
|  |     |    | 28. Is there anyone in your family who has asthma?  |  |
|  |     |    | 29. Were you born without or are you missing a kidney, n eye, a testicle (males), your spleen or any other organ?     |  |
|  |     |    | 30. Do you have groin pain or a painful bulge or hernia in the groin area?  |  |
|  |     |    | 31. Have you had infectious mononucleosis (mono) within the last month?   |  |
|  |     |    | 32. Do you have any rashes, pressure sores or other skin problems?  |  |
|  |     |    | 33. Have you had a herpes or MRSA skin infection?   |  |
|  |     |    | 34. Have you ever had a head injury or concussion?  |  |
|  |     |    | 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache or memory problems?         |  |
|  |     |    | 36. Do you have a history of seizure disorder?  |  |
|  |     |    | 37. Do you have headaches with exercise?  |  |
|  |     |    | 38. Have you ever had numbness, tingling or weakness in your arms or legs after being hit or falling?                 |  |
|  |     |    | 39. Have you ever been unable to move your arms or legs after being hit or falling?                                   |  |
|  |     |    | 40. Have you ever become ill while exercising in the heat?  |  |
|  |     |    | 41. Do you get frequent muscle cramps while exercising?   |  |
|  |     |    | 42. Do you or someone in your family have sickle cell trait or disease?   |  |
|  |     |    | 43. Have you had any problems with your eyes or vision?   |  |
|  |     |    | 44. Have you had any eye injuries?  |  |
|  |     |    | 45. Do you wear glasses or contact lenses?  |  |
|  |     |    | 46. Do you wear protective eyewear such as goggles or face shield?  |  |
|  |     |    | 47. Do you worry about your weight?   |  |
|  |     |    | 48. Are you trying or has anyone recommended that you gain or lose weight?  |  |
|  |     |    | 49. Are you on a special diet or do you avoid certain types of foods?   |  |
|  |     |    | 50. Have you ever had an eating disorder?   |  |
|  |     |    | 51. Do you drink alcohol or use any prescription or over-the-counter or illegal drugs?                                |  |
|  |     |    | 52. Have you ever taken anabolic steroids or used any other supplement to gain or lose weight or improve performance? |  |
|  |     |    | 53. Do you have any concerns that you would like to discuss with a doctor?  |  |
|  |     |    | <b>FEMALES ONLY</b>   |  |
|  |     |    | 54. Have you ever had a menstrual period?   |  |
|  |     |    | 54. How old were you when you had your first menstrual period?  |  |
|  |     |    | 55. How many periods have you had in the last 12 months?  |  |

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of student \_\_\_\_\_ Signature of parent \_\_\_\_\_ Date \_\_\_\_\_ ©

**CIF PRE-PARTICIPATION PHYSICAL EVALUATION:  
PHYSICAL EXAMINATION FORM (TO BE RETAINED BY PHYSICIAN)**

Name \_\_\_\_\_ Date of exam \_\_\_\_\_

**PHYSICIAN REMINDERS** (This form should be kept in the medical records)

1. Consider additional questions on more sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff or dip?
  - During the past month, have you used cigarettes, chewing tobacco, snuff or dip?
  - Do you always wear a seat belt, use a helmet and use condoms.
  
2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

| EXAMINATION   |               |   |
|---|---------------|---|
| Height _____  | Weight _____  | <input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth: _____                  |
| BP _____ / _____ ( _____ / _____ )  | Pulse _____   | Vision: R 20/ _____ L 20/ _____ Corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>MEDICAL</b>  | <b>NORMAL</b> | <b>ABNORMAL FINDINGS</b>  |
| Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) |               |   |
| Eyes/Ears/Nose/Throat: Pupils equal, Hearing _____  |               |   |
| Lymph nodes _____   |               |   |
| Heart <sup>1</sup> : Murmurs (auscultation standing, supine, ± Valsalva; Location of point of maximal impulse (PMI) _____)  |               |   |
| Pulses: Simultaneous femoral and radial pulses _____  |               |   |
| Lungs _____   |               |   |
| Abdomen _____   |               |   |
| Genitourinary (males only) <sup>2</sup> _____   |               |   |
| Skin: HSV, lesions suggestive of MRSA, tinea corporis _____   |               |   |
| Neurologic <sup>3</sup> _____   |               |   |
| <b>MUSCULAR/SKELETAL</b>  |               |   |
| Neck _____  |               |   |
| Back _____  |               |   |
| Shoulder/Arms _____   |               |   |
| Elbow/Forearm _____   |               |   |
| Wrist/Hands/Fingers _____   |               |   |
| Hip/Thigh _____   |               |   |
| Knee _____  |               |   |
| Leg/Ankle _____   |               |   |
| Functional: Duck-walk, single leg hop _____   |               |   |

<sup>1</sup>Consider ECG, echocardiogram and referral to cardiology for abnormal cardiac history or exam  
<sup>2</sup>Consider GU exam if in a private setting. Having a third party present is recommended.  
<sup>3</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendation for further for further evaluation or treatment for \_\_\_\_\_
- 
- Not cleared  Pending further evaluation
- For any sports
- For certain sports \_\_\_\_\_ Recommendations \_\_\_\_\_

I have examined the above-named student 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 exam is on record in my office and can be made available to the school 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 his/her parents/guardian.

Name of physician (print/type) \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_