

# Sports Participation Medical Clearance Form

## Participant Information

Full Name

Date of Birth

Sport

School / Organization

## Medical History

Relevant medical conditions or allergies

Medications currently being taken

Past injuries or surgeries

## Physical Examination

Height

Weight

Blood Pressure

Heart Rate

Examiner's notes

## Medical Clearance

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Cleared for full participation in sports

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Not cleared (specify limitations/reasons below)

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Examiner's Signature

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Date

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Parent/Guardian Signature (if under 18)

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Date