Collegiate Athlete Medical Clearance Form

Personal Information

Full Name	
Date of Birth	
Student ID	
Sport	
Medical History	
Allergies	
Current Medications	
Chronic or Past Medical Conditions	
Physician Evaluation	
Date of Examination	
Physician Name	
Physician Contact	
Clinical Findings	
Restrictions/Recommendations	
Trestrictions/Trecommendations	
Clearance Status	
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Physician Signature	

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Date		