

Medical Clearance Form for Adaptive Sports Athletes

Athlete Information

Full Name

Date of Birth

Gender

Adaptive Sport

Medical History

Primary Diagnosis / Disability

Other Medical Conditions

Allergies

Current Medications

Physical Examination

Height

Weight

Blood Pressure

Pulse

Relevant Examination Findings

Preparticipation Clearance

This athlete is medically cleared for adaptive sports participation:

If restrictions/recommendations, please specify:

Provider Information

Provider Name

Signature

Date