## **Medical Clearance Form**

## **Collegiate Basketball Athletes**

Athlete Name
Date of Birth
Student ID
School/College
Team
Season/Year
Relevant Medical History
Current Medications
Allergies
Physician Physical Exam Notes
T Hysiotal T Hysiotal Examinates

Medical Clearance

0

Cleared for Basketball Participation
Not Cleared
Restrictions/Comments
Follow-up Needed
Physician Name
Physician Signature
Date