Medical Clearance Form

Intramural Volleyball Players

Player Name
Date of Birth
Student ID
Student ib
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Team Name
Contact Number
Emergency Contact Name
Emergency Contact Number
Medical Information
Relevant Medical Conditions / Allergies
Current Medications
History of Injuries (if any)
Date of Most Recent Physical Exam
Dute of West Resent Hysical Exam
Physician Name

Physician Contact

Physician Clearance		
Physician's Statement		
Physician Signature		
Date		