



Physician's Clearance for Middle School Sports Participation Media-Providence Friends School

Student's Name _____ DOB _____

Parent's Name _____

Address: _____

Physician:

I certify that, except as noted below, the student above is physically fit to participate in practices, inter-school scrimmages and/or games as specified and further certify that the student does not have any illness or condition which would pose a danger to teammates and/or competitors.

This student may participate in the following sports for the current school year (if not cleared, provide explanation):

Sport

- | | | | |
|--------------------|----------------------------------|--------------------------------------|---------------|
| Archery | <input type="checkbox"/> Cleared | <input type="checkbox"/> Not Cleared | Reason: _____ |
| Basketball | <input type="checkbox"/> Cleared | <input type="checkbox"/> Not Cleared | Reason: _____ |
| Running | <input type="checkbox"/> Cleared | <input type="checkbox"/> Not Cleared | Reason: _____ |
| Mixed Martial Arts | <input type="checkbox"/> Cleared | <input type="checkbox"/> Not Cleared | Reason: _____ |
| Soccer | <input type="checkbox"/> Cleared | <input type="checkbox"/> Not Cleared | Reason: _____ |
| Swimming | <input type="checkbox"/> Cleared | <input type="checkbox"/> Not Cleared | Reason: _____ |
| Tennis | <input type="checkbox"/> Cleared | <input type="checkbox"/> Not Cleared | Reason: _____ |
| Volleyball | <input type="checkbox"/> Cleared | <input type="checkbox"/> Not Cleared | Reason: _____ |

In general, this student is **Not Cleared** for the following types of sports (check all that apply):

____ Contact ____ Non-Contact ____ Strenuous ____ Non-Strenuous

Is there any other information you feel we should know?

Physician's Name: _____ Date: _____

Address: _____

Phone: _____

Physician's Signature: _____