

PREPARTICIPATION PHYSICAL EVALUATION (PPE)
2023-2024

Name _____ Gender ☐ M ☐ F

Age _____ Date of birth _____

☐ Cleared for all sports without restriction
☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

☐ Not Cleared
 ☐ Pending further evaluation
 ☐ For any sports
 ☐ For certain sports _____
 Reason _____

Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available at the request of the parents. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician or medical examiner (print/type) _____ Date of Exam _____

Address _____

Phone _____

Signature of physician/medical examiner _____, MD, DO, D.C., P.A. or A.N.P.

EMERGENCY INFORMATION

Personal Physician

Phone _____

In case of Emergency, contact

Phone _____