File This Page to www.homecampus.com/login

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM	
Name: Date of birth:	
☐ Medically eligible for all sports without restriction	
□ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of	
☐ Medically eligible for certain sports	
□ Not medically eligible pending further evaluation	
□ Not medically eligible for any sports Recommendations:	
I have examined the student named on this form and completed the preparticipation papparent clinical contraindications to practice and can participate in the sport(s) as of examination findings are on record in my office and can be made available to the scharise after the athlete has been cleared for participation, the physician may rescind the and the potential consequences are completely explained to the athlete (and parents of Name of health care professional (print or type):	butlined on this form. A copy of the physical hool at the request of the parents. If conditions he medical eligibility until the problem is resolved or guardians).
Address:	Phone:
Signature of health care professional:	, MD, DO, NP, or PA
SHARED EMERGENCY INFORMATION	
Allergies:	MEDICAL OFFICE STAMP HERE
Medications:	
Other information:	
Emergency contacts:	

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.