



**PHYSICAL EXAMINATION
CLEARANCE FORM**

This form must be on file in the school athletic office (see address below) before practicing with any athletic team.

Student Name: _____ Birth Date: _____ Age: ____ Gender: M / F

Address: _____

Home Telephone: _____ - _____ - _____ Grade: _____

I certify that the above student has been medically evaluated and is deemed to be physically fit to: (Check One Box) Parent or Guardian Signature: _____ Date: _____

(1) Participate in all school interscholastic activities without restrictions.

(2) Not cleared for: All Sports Specific Sports

I have examined the above named student and found that the athlete 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 to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Examiner Signature: _____

Date of Exam: _____

Print Examiner Name: _____

Address: _____

Office Telephone: _____ - _____ - _____

EMERGENCY INFORMATION FOR: _____ Grade: _____

STUDENT ATHLETE

Allergies – Drug Reactions – Current Medications: _____

Other Special Medical Information: _____

Emergency Contact: _____ Relationship: _____

Telephone: (H) _____ - _____ - _____ (W) _____ - _____ - _____ (C) _____ - _____ - _____

Personal Physician _____ Office Telephone _____ - _____ - _____

For questions concerning this document please contact :

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