

# MEDICLINIC *perform*

## MEDICAL ELIGIBILITY FORM

The medical eligibility form is the only form that should be submitted to a school or sports organisation.

### PRE-PARTICIPATION PHYSICAL EVALUATION

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 client named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of health care professional \_\_\_\_\_,MD