Well Exam - Sports Participation Clearance Form

NOTE: How often a clearance form is needed to play sports, is determined by your school. This clearance form is the only Sports Participation Clearance Form supported by the Vermont Principals' Association, the Vermont Departments of Health and Education, and the Vermont Chapters of the American Academy of Pediatrics and the American Academy of Family Physicians. The American Academy of Pediatrics Council on Sports Medicine and Fitness developed the research based screening activities done during a Well Exam, to determine sports readiness.

Student's Name _____

Age_____ Date of Birth_____ Grade_____

This Athlete is:

☐ Cleared without restriction

☐ Cleared, **with restrictions**: _____

_____

☐ Not cleared for: ☐ All sports

☐ Certain sports: _____

Reason: _____

Relevant Medical Information For Coaches and Athletic Department:

Allergies:_____ EpiPen Necessary: Yes ☐ No ☐

Asthma: Yes ☐ No ☐ Emergency Medications:_____

Diabetes: Yes ☐ No ☐ Emergency Medications:_____

Seizure Disorder: Yes ☐ No ☐ Emergency Medications:_____

Well Exam using ICD-9-CM code:

☐ 99383 or 99393	☐ 99384 or 99394	☐ 99385 or 99395
5 - 11 years	12 - 17 years	18 - 39 years

NOTE: Clearance form is not valid unless one of these Well Exam codes is checked by Provider

Comments: _____

_____

_____

Name of Provider (print/type):_____ Provider Phone #_____

Signature of Provider: _____ Date of Exam:____/____/____

Suggestion for Athletic Department: Please make copy for School Nurse's Office records