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

3/09