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 physical evaluation. The athlete apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of examination findings are on record in my office and can be made available to the school at the request of the parents arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the propagation and the potential consequences are completely explained to the athlete (and parents or guardians).	the p hysical s. If c onditions
Name of health care professional (print or type): Janel Thompson, ARNP Date:	
Name of health care professional (print or type): Janel Thompson, ARNP Address: 1501 E. Orange Road, Waterloo, IA 50701 Phone: 319-296-4	224
Name of health care professional (print or type): Janel Thompson, ARNP Address: 1501 E. Orange Road, Waterloo, IA 50701 Signature of health care professional:	
Signature of health care professional: SHARED EMERGENCY INFORMATION	
Signature of health care professional:	
Signature of health care professional: SHARED EMERGENCY INFORMATION	
Signature of health care professional: SHARED EMERGENCY INFORMATION Allergies:	
SHARED EMERGENCY INFORMATION Allergies: Medications:	

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