

Physician's Clearance Form for HUSTL

Homeschool United Sports Teams of Lafayette

Name of student athlete: _____

EXAMINED BY: Physician _____

Last Examination Date: _____

Diagnosis of medical condition: _____

Activities that this athlete should avoid: _____

Any symptoms the coach and/or first aid responder should look for and the recommended course of action: _____

Official Recommendation

A. This athlete may **NOT** compete in athletics based on the data gathered from their exam.

Physician's Signature: _____

Date: _____

B. This athlete may compete in athletics based on the data gathered from their exam.

Physician's Signature: _____

Date: _____

C. Prior to participation, treatment or follow up on the following is recommended:

Physician's Signature: _____

Date: _____

D. Recommended further consultation with: _____

Physician's Signature: _____

Date: _____

Physician's Address and Phone Number: