



Clearance Form

*This form is required if you are varsity student-athlete.
Due August 1 for students entering fall semester. Due January 1 for students entering spring semester.*

THIS FORM IS TO BE COMPLETED BY THE PRIMARY CARE PROVIDER.

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

CLEARANCE

- CLEARED for all sports without restriction
- CLEARED for all sports without restriction with recommendations for further evaluation or treatment for: _____
- NOT CLEARED >>>

- Pending further evaluation
- For any sports
- For the following sports: _____

Reason: _____

Recommendations: _____

I have examined the above-named student and completed the physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, I may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Date of Exam: _____ Address: _____

PRINT Physician Name: _____

Physician Signature: _____ Phone: _____

**RETURN COMPLETED FORM TO: Marian University | 45 South National Avenue | Fond du Lac, WI 54935
Student Health Services p: 920.923.7615 f: 920.926.2103**