PALOS VERDES PENINSULA UNIFED SCHOOL DISTRICT
PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Student's Name: _____ Date of birth: _____

Student's Grade _____ in the _____ school year.

A physical examination of this student was performed on _____(date). The student is:

☐ 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 does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

Valid Only with a Physician's Stamp: _____

* California Interscholastic Federation (CIF) policy 503.G. states: "schools will require that a student receive an annual physical examination conducted by a medical practitioner certifying that the student is physically fit to participate in athletics. The physical examination must be completed before a student may try out, practice or participate in interscholastic athletic competition."

PVPUSD accepts physical examination reports from a M.D., D.O., Physicians' Assistant, and Nurse practitioner with a MD's stamp.