



CORNERSTONE CHRISTIAN SCHOOL
**Pre-Participation Physical Evaluation
 Clearance Form**



Student Name (print) _____ Today's Date _____

Age _____ Date of Birth _____ Sex Male Female

- 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 certain sports _____
- Reason _____

Recommendations _____

Physician's Information

Physician's Name (printed)	Signature of Physician
Physician's Address	Physician's Phone Number

Emergency Information

Allergies _____

Other Information _____

Please return form to Cornerstone Christian School prior to the first practice of the season.