



**BEATRICE MIDDLE & HIGH SCHOOL
PRE-PARTICIPATION PHYSICAL
CLEARANCE FORM**

Student's Name: _____

Sex: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ B/P: _____

Cleared without restriction

Diagnosis of Asthma? Yes _____ No _____

(If yes, please attach a copy of Asthma Action Plan. *Must have Dr.'s signature.)

***All students with a diagnosis of asthma must have an AAP on file with the school nurse.

Allergies: _____

Cleared, with recommendations for further evaluation or treatment for: _____

Not cleared for All Sports Certain Sports: _____

Reason: _____

Name of Physician (print/type): _____ Date: _____

Address: _____ Phone: _____

Signature of Physician: _____