

Well Exam - Sports Participation Clearance Form Burlington School District

BHS requires any student playing an interscholastic sport to have a “current” physical. A physical is considered current if it is within the last TWO years. This clearance form is supported by the Vermont Principals' Association, the Vermont Departments of Health and Education, the Vermont Chapters of the American Academy of Pediatrics and the American Academy of Family Physicians. The American Academy of Pediatrics Council on Sports Medicine and Fitness developed the research based screening activities done during a Well Exam, to determine sports readiness. **This completed form MUST be turned into your Athletic Coordinator.**

BHS - Jeff Hayes(jphayes@bsdvt.org)
 Edmunds MS – Tara Willett (twillett@bsdvt.org)
 Hunt MS – Ryan Hayes (rhayes@bsdvt.org)

Student's Name _____

Age _____ Date of Birth _____ Grade _____

This Athlete is:

- Cleared without restriction
- Cleared, **with restrictions:** _____
- Not cleared for: All sports Certain Sports

Reason:

Relevant Medical Information for Coaches and Athletic Department:

Allergies: _____ EpiPen Necessary: Yes No

Asthma: Yes No Emergency Medications: _____

Diabetes: Yes No Emergency Medications: _____

Seizure Disorder: Yes No Emergency Medications: _____

Well Exam using ICD-9-CM code:

99383 or 99393

99384 or 99394

99385 or 99395

5 – 11 years

12 – 17 years

18 – 39 years

NOTE: Clearance form is not valid unless one of these Well Exam codes is checked by Practitioner

Comments:

Name of Practitioner (print/type): _____ Practitioner Phone # _____

Signature of Practitioner: _____ Date of Exam: ____/____/____