

Burlington School District Sports Participation Clearance Form

Burlington School District requires any student playing an interscholastic sport to have a "current" wellness exam. A wellness exam 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 the Athletic Department at sportshealthforms@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: ____/____/____