

### 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 uploaded to PowerSchool when registering your child for school and athletics. If you are having issues with uploading, you can send your form to [sportshealthforms@bsdvt.org](mailto: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: \_\_\_\_/\_\_\_\_/\_\_\_\_