

Mt. Anthony Union Middle & High School

Well Exam – Sports Participation Clearance Form



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 (5-11 years)
- 99384 or 99394 (12-17 years)
- 99385 or 99395 (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 _____

Suggestion for Athletic Department: Please make copy for School Nurse's Office records.