

# Well Exam - Sports Participation Clearance Form

**NOTE:** How often a clearance form is needed to play sports, is determined by your school. This clearance form is the only Sports Participation Clearance Form supported by the Vermont Principals' Association, the Vermont Departments of Health and Education, and 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.

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 Provider**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Provider (print/type): \_\_\_\_\_ Provider Phone # \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

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