



Middlesex

Sports Participation Clearance Form

For Gap between last physical exam and next scheduled exam

Last Physical Exam Date ____/____/____

NEXT Scheduled PE Date ____/____/____ (entry required)

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 : _____

Signature of Practitioner: _____ Date _____

Name of Practitioner (print): _____ Tel # _____

Please fax to 978-371-6583 or email to healthcenter@mxschool.edu