

CLEARANCE FORM

PREPARTICIPATION PHYSICAL EVALUATION



YORK GENERAL

Family Medicine

NAME

SEX

AGE

DATE OF BIRTH

CLEARED WITHOUT RESTRICTION

CLEARED WITH RECOMMENDATIONS FOR FURTHER EVALUATION OR TREATMENT FOR: _____

NOT CLEARED FOR ALL SPORTS CERTAIN SPORTS REASON: _____

RECOMMENDATIONS: _____

**EMERGENCY
INFORMATION**

ALLERGIES _____

OTHER INFORMATION _____

IMMUNIZATIONS IE: TETANUS/DIPHTHERIA; MMR; HEP A, B; POLIOMYELITIS; PNEUMOCOCCAL; MENINGOCOCCAL; VARICELLA; FLU

UP TO DATE (SEE ATTACHED DOCUMENTATION) NOT UP TO DATE SPECIFY _____

NAME OF PROVIDER

YORK GENERAL FAMILY MEDICINE

SIGNATURE OF PROVIDER

2222 N LINCOLN AVE, YORK NE, 68467

DATE

(402) 362 - 5555

850631 REV. 06/12/2026