

Mat Sports

Preparticipation Physical Evaluation

**CLEARANCE
FORM**

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

- Not Cleared for Wrestling (Folkstyle, Freestyle, Greco-Roman) Reason: _____
Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____ MD or DO

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