HIVE Preparatory K–8

Student Sports Physical Clearance Form

This form must be completed and signed by a licensed medical provider before a student may participate in any athletic competitive activity as part of HIVE Preparatory K–8.

Student Information

- **Student Name: _____**
- **Date of Birth: ____ / ____ / _____ Age: _____**
- **Grade: _____**
- **School Year: _____**
- **Sport(s) to be Played: _____**

  Elementary Basketball, Middle Basketball, Dance, Girls Volleyball, Boys Volleyball, Flag Football, Cheerleading

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Parent / Guardian Information

- **Parent/Guardian Name: _____**
- **Phone Number: _____**
- **Email Address: _____**
- **Emergency Contact Name & Phone: _____**

Medical History (To be reviewed by medical provider)

Please indicate **Yes** or **No** for each item below:

- History of heart condition or heart murmur ☐ Yes ☐ No
- Chest pain, dizziness, or fainting during exercise ☐ Yes ☐ No
- Asthma or breathing problems ☐ Yes ☐ No
- Seizures ☐ Yes ☐ No
- Diabetes ☐ Yes ☐ No
- Bone, joint, or muscle injuries ☐ Yes ☐ No
- Allergies (food, medication, insect stings, etc.) ☐ Yes ☐ No
- Currently taking medication ☐ Yes ☐ No

If **Yes** to any above, please explain:

_____

_____

_____

Physical Examination (Completed by Licensed Medical Provider)

- **Height: _____ Weight: _____**
- **Blood Pressure: _____**
- **Vision (with or without correction): _____**

Please indicate normal (N) or abnormal (A):

- Heart: ☐ N ☐ A
- Lungs: ☐ N ☐ A
- Abdomen: ☐ N ☐ A
- Musculoskeletal (strength, flexibility, posture): ☐ N ☐ A
- Neurological: ☐ N ☐ A

Comments (if any):

_____

_____

_____

Medical Clearance

☐ **Cleared for all sports without restriction**
☐ **Cleared for sports with the following restrictions:**

☐ **Not cleared for sports participation**

Reason:

Medical Provider Certification

I certify that I have examined the above-named student and have completed this evaluation truthfully and to the best of my professional judgment.

- **Medical Provider Name (Printed): _____**
- **Practice / Clinic Name: _____**
- **Phone Number: _____**
- **License Number: _____**
- **Signature: _____ Date: ____ / ____ / _____**

Parent / Guardian Acknowledgment

I acknowledge that this clearance is based on information provided and understand that it is my responsibility to notify the school of any changes to my child's health.

- **Parent/Guardian Signature: _____**
- **Date: ____ / ____ / _____**

Return completed form to: HIVE Preparatory K–8 Administration Office