

Sport: _____
 Men's Women's

Student Athlete Medical Clearance Form
Medical Clearance to Participate in Intercollegiate Athletics

DATE PRINT STUDENT NAME (Last, First, MI) PSU ID# DOB

Documentation confirming that you have had a physical examination by a licensed medical doctor within the last 12 months indicating that you are **medically cleared to participate in intercollegiate athletics** must be submitted prior to the first day of the semester. If you need to have a medical examination, **please take this form** and have a physician confirm that you are medically cleared to participate in intercollegiate athletics by completing the section below and submit to the Student Affairs Office, Athletic Dept., 1031 Edgecomb Ave, York, PA 17403.

HEALTH CARE PROVIDER INSTRUCTIONS:

Health care provider must complete the below physical examination clearance for students who will be participating in Penn State Intercollegiate Athletics. Place a checkmark on the line beside the appropriate statement and on the date line please indicate the day the physical was performed. *The health care provider signature, license number and date are required for authentication of the performed physical exam.*

CLEARANCE:

Physical exams must be within the past 12 months to be valid.

_____ I performed a physical exam on this student on _____ and he/she is medically cleared to participate in intercollegiate athletics. DATE

_____ I performed a physical exam on this student on _____ and he/she is NOT medically cleared to participate in intercollegiate athletics. DATE

SIGNATURE OF HEALTH CARE PROVIDER LICENSE NO. DATE PRINT HEALTH CARE PROVIDER NAME

STUDENT INSTRUCTIONS: WE STRONGLY ENCOURAGE YOU TO MAKE A COPY OF THE COMPLETED FORM FOR YOUR RECORDS.

The completed form should be returned to the Student Affairs Office, Athletic Department, Penn State York. Questions may be directed to the Penn State York Athletic Department at (717) 771-4036.