



STATE OF TENNESSEE
 DEPARTMENT OF HEALTH
 CORDELL HULL BUILDING
 425 5TH AVENUE NORTH
 NASHVILLE, TENNESSEE 37243
 (615) 532-3101

INTERSCHOLASTIC SPORTS EXAMINATION

Name _____ Sex _____

Age _____ Date of Birth _____ Grade _____

This athlete is:

- 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
 (Tetanus/diphtheria, MMR, Hepatitis A, Hepatitis B, Influenza, Polio, Pneumococcal, Meningococcal, Varicella)
 Up to date Not up to date (Specify: _____)

WELL CHILD CHECK/EPSDT
 Has completed well child exam/EPSDT screen (required for 7th and 9th grade athletes)

Name of Provider (print/type): _____

Office Address: _____

Office Phone: (_____) _____

Signature of Provider: _____ Date: _____