

VUSD Preparticipation Physical Evaluation Clearance

Name of Athlete: _____

Birthdate: _____ Grade: _____

School: Cabrillo Middle School

Athlete is cleared without restrictions.

Athlete is cleared with the following restrictions:

Athlete is not cleared to participate.

Name of Physician: _____ M.D./O.D.

Address: _____ Phone: _____

Signature of Physician: _____ Date: _____

*Student must return completed form to the office
or upload it to the Athletics clearance website at www.registermyathlete.com*