



Medical Clearance Form for Participation in Intercollegiate Athletics

Student Instructions:

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 along with the Tryout Application Packet. 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. The completed form should be returned to the Director of Athletics in the main office of the Athletic & Recreation Building (ARB) either in person, via fax to (570) 675-9177, or by mail to: Penn State Wilkes-Barre Athletics, PO Box PSU, Lehman, PA 18627.

Please note: *WE STRONGLY ENCOURAGE YOU TO MAKE A COPY OF THE COMPLETED FORM FOR YOUR RECORDS.*

SPORT: _____

Check one: Men's Women's

 Signature Date Print Student Name (Last, First MI) PSU ID# Date of Birth

Healthcare Provider Instructions:

The healthcare 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. Physical exams must be within the past 12 months to be valid. **The health care provider's signature, license number and date are required for authentication of the performed physical exam.**

Please check one of the statements below:

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

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

Please indicate here if there are any significant medical problems that we should be made aware of:

 Signature of Healthcare Provider License No. Signature Date Print Healthcare Provider Name