

**GRACE LUTHERAN SCHOOL  
PHYSICAL CLEARANCE FORM**

*THIS FORM IS VALID FOR ONE YEAR FROM EXAM DATE*

**School Year:** \_\_\_\_\_ - \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Parent/Guardian's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**PHYSICIAN'S STATEMENT**

I find the above named student to be in good physical condition, free from contagious diseases, and capable of participating in extra curricular athletic activities, except as described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Physician Name: \_\_\_\_\_ Date of Exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Office/Clinic Name: \_\_\_\_\_

Attending Physician Signature: \_\_\_\_\_

**SCHOOL ADMINISTRATION USE:**

Received on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Received by: \_\_\_\_\_