



**Pre-Participation Clearance  
Sports Physical Form**

***(For High School Students Only)***

**\*\*RETURN TO THE HIGH SCHOOL ACTIVITIES OFFICE\*\***

<b>Gretna High School</b> Athletic Director Matthew Curtis <a href="mailto:mcurtis@gpsne.org">mcurtis@gpsne.org</a>  Athletic Director Secretary Karryn Wilcox <a href="mailto:kwilcox@gpsne.org">kwilcox@gpsne.org</a>	<b>Gretna East High School</b> Athletic Director Ryan Garder <a href="mailto:rgarder@gpsne.org">rgarder@gpsne.org</a>  Athletic Director Secretary Amanda Moultroup <a href="mailto:amoultroup@gpsne.org">amoultroup@gpsne.org</a>
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Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: 9 10 11 12

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Main Phone #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Main Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Main Phone #: \_\_\_\_\_

**PHYSICIAN INFORMATION (Filled out by Physician)**

\_\_\_\_\_ Cleared without Restriction

\_\_\_\_\_ Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_

\_\_\_\_\_ Not Cleared for: \_\_\_\_\_ All Sports OR \_\_\_\_\_ Certain Sports: \_\_\_\_\_

Recommendations: \_\_\_\_\_

_____ Name of Physician (print/type)	_____ Address	_____ Phone
_____ Signature of Licensed Physician, Physician Asst or Nurse Practitioner		_____ Date