



**Pre-Participation Clearance
Sports Physical Form**

(For High School Students Only)

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

Gretna High School Athletic Director Matthew Curtis mcurtis@gpsne.org Athletic Director Secretary Karryn Wilcox kwilcox@gpsne.org	Gretna East High School Athletic Director Ryan Garder rgarder@gpsne.org Athletic Director Secretary Amanda Moultroup amoultroup@gpsne.org
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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