

# CLARK COUNTY FIRE DEPARTMENT EXPLORER FIT FOR VOLUNTEERING FORM

## Preparticipation Physical Evaluation CLEARANCE FORM

Name: \_\_\_\_\_ Sex  M  F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- Cleared for all sports without restriction  
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for,

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- Not cleared  
 Pending further evaluation  
 For any sports  
 For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

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I have examined the above-named person and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the organization at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Physician \_\_\_\_\_, MD or DO