



Please return to TSA Administrative Assistant Jen Tewksbury  
by the first sports practice.

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## Well Exam - Sports Participation Clearance Form

**NOTE:** How often a clearance form is needed to play sports, is determined by your school. This clearance form is the only Sports Participation Clearance Form supported by the Vermont Principals' Association, the Vermont Departments of Health and Education, and the Vermont Chapters of the American Academy of Pediatrics and the American Academy of Family Physicians. The American Academy of Pediatrics Council on Sports Medicine and Fitness developed the research based screening activities done during a Well Exam, to determine sports readiness.

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

This Athlete is:

Cleared without restriction  
 Cleared, with restrictions:

Not cleared for:  All sports  
 Certain sports: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_

### Relevant Medical Information for Coaches and Athletic Department:

Allergies: \_\_\_\_\_ EpiPen Necessary: Yes  No

Asthma: Yes  No  Emergency Medications: \_\_\_\_\_

Diabetes: Yes  No  Emergency Medications: \_\_\_\_\_

Seizure Disorder: Yes  No  Emergency Medications: \_\_\_\_\_

Well Exam using ICD-9-CM code:

<input type="checkbox"/> 99383 or 99393 5 - 11 years	<input type="checkbox"/> 99384 or 99394 12 - 17 years	<input type="checkbox"/> 99385 or 99395 18 - 39 years
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**NOTE: Clearance form is not valid unless one of these Well Exam codes is checked by Practitioner**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Name of Practitioner (print/type): \_\_\_\_\_ Practitioner Phone # \_\_\_\_\_

Signature of Practitioner: \_\_\_\_\_ Date of Exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_