Pre-existing/Chronic Conditions Athletic Participation Clearance Form

Novel Coronavirus (COVID-19)

_____ has indicated that they have been diagnosed with the condition below placing them in the high-risk category as defined by the CDC. High Risk is defined by CDC as individuals who are over 60 years of age or with serious chronic medical conditions like heart disease, high blood pressure, diabetes, cancer or lung disease. Please have this form completed by your/your child's personal physician prior to participation in athletics. This form does not take the place of a pre-participation physical examination and is only to give clearance to students with underlying conditions with a current pre-participation physical examination.

Condition(s):

☐ Heart Disease/Condition

☐ High Blood Pressure

☐ Diabetes

☐ Cancer

☐ Asthma/Lung Disease

☐ Immunocompromising Condition

☐ Other (specify):_____

Medical Clearance (to be completed by physician):

☐Medically eligible for all sports without restriction.

☐ Medically eligible for all sports without restriction with recommendation(s) of: _____

☐ Medically eligible for certain sports or training:_____

☐ Not medically eligible pending further evaluation.

☐ Not medically eligible for any sports. Recommendations: _____

I have examined and/or consulted with the student named on this form regarding their chronic/pre-existing condition. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions or complications arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print or type): _____

Date: _____ **Address:** _____

Phone: _____

Signature of health care professional:

_____ MD, DO, NP, or PA

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