

Return to Athletic Directors office (C1) AND upload to AthleticClearance.com

Physical Form

West Covina High School

Student's Name (Printed)

Student's ID #

Pre-participation Physical Evaluation

☐

Cleared without restriction

☐

Cleared with recommendations for further evaluations/treatments for the following:

☐

Not cleared for any sports participation

☐

Cleared for specific sports only (list cleared sports): _____

Physician's name (printed)

Signature of Physician

Address of physician

Date

Clinic or Doctor's office stamp required

Certification of Online Signatures

I, _____, certify that a legal guardian of _____
has completed all sections of the online clearance for West Covina High School to the best of their ability.

Parent/Guardian Signature

Sport(s)

Note: WCHS will accept doctor generated physical paperwork, but the certification of online signatures must be signed on AthleticClearance.com and submitted also.