



# TOMS RIVER REGIONAL SCHOOLS

## CARDIAC CLEARANCE

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Diagnosis \_\_\_\_\_
2. List any recent and **current** health problems that may affect the pupil's education.
3. Indicate any significant findings.
4. May pupil participate in regular physical education program? (Indicate any restriction)
5. May pupil participate in contact competitive sports? \_\_\_\_\_ YES \_\_\_\_\_ NO  
In non-contact competitive sports? \_\_\_\_\_ YES \_\_\_\_\_ NO
6. Please make any comments and/ or recommendations that are indicated. (Include need for medications)
7. Will this require follow up care? \_\_\_\_\_ YES \_\_\_\_\_ NO

<b>Physician's Stamp</b>
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\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date-