



Twin Valley Middle High School

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Whitingham, Vermont 05361

Phone: 802-368-2880
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RETURN TO THE ATHLETIC DIRECTOR OR COACH 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 Council on Sports Medicine and Fitness developed the research based screening activities done during a Well Exam to determine sports readiness.

Student's Name _____ Grade _____

Age _____ Date of Birth _____

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:

___ 99383 or 00393 ___ 99384 or 99394 ___ 99385 or 99395
 5 – 11 years 12-17 years 18-39 years

NOTE: Clearance form is not valid unless one of these Well Exam codes is check by Provider

Comments _____

Name of Provider (print/type) _____ Provider Phone # _____

Signature of Provider: _____ Date of Exam ____/____/____