

MARIAN UNIVERSITY Clearance Form

Required only for students participating in sports.

Due **August 1** for students entering fall semester. Due **January 1** for students entering spring semester.
Physical exam must be performed **within 6 months of the due** date listed above.

THIS SECTION IS TO BE COMPLETED BY THE STUDENT PRIOR TO SEEING THE PHYSICIAN.

Last Name: _____ First Name: _____ Middle Initial: _____

VACCINE DECLINATION STATEMENT (if applicable)

I understand that due to my living on campus at Marian University I may be at risk of acquiring an infection from being unvaccinated. I have been given the opportunity to be vaccinated at my own expense. However, I decline the vaccinations and I am at risk of acquiring the disease. If I should acquire a disease I would be furloughed from school at my own expense.

Vaccines which I am declining: MMR TDAP/TD HPV Meningococcal Conjugate Varicella Hep A Hep B

Reason for exemption: _____

Student Signature: _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY THE PHYSICIAN AFTER REVIEWING MEDICAL HISTORY FORM AND COMPLETING THE EXAMINATION.

CLEARANCE

- CLEARED for all sports without restriction
- CLEARED for all sports without restriction with recommendations for further evaluation or treatment for: _____
- NOT CLEARED >>>

- Pending further evaluation
- For any sports
- For the following sports: _____

Reason: _____

Recommendations: _____

I have examined the above-named student and completed the physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, I may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Date of Exam: _____ Address: _____

PRINT Physician Name: _____

Physician Signature: _____ Phone: _____

Please return completed form to: Marian University – Sports Medicine Department
45 South National Avenue | Fond du Lac, WI 54935 | Phone: 920.923.8754