



## Physician Clearance Form 2025

### Part 1, To be completed by the Parent/Guardian:

Student First and Last Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Student Age: \_\_\_\_\_

### Part 2, to be completed by the student's physician.

Date of last physical examination: \_\_\_\_\_

This student's vaccinations are current for school attendance: \_\_\_\_\_ Yes \_\_\_\_\_ No

**It is my opinion that he/she is physically able to engage in program activities including swimming, sports, and outdoor activities during summer 2025.**

\_\_\_\_\_ **Yes, with no restrictions**

\_\_\_\_\_ **Yes, with the following restrictions (detail below)**

This student should be restricted from the following activities:

This student should take the following precautions during activities:

Additional Notes:

Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

***This completed form should be returned by the parent to Horizons Savannah.***