



## Physician Clearance Form 2023

### 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.

Horizons Savannah requires that all enrolled students be examined by a licensed medical professional within 12 months prior to the start of the program.

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

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

**I examined the above named student and it is my opinion that he/she is physically able to engage in program activities including swimming, sports, and outdoor activities.**

\_\_\_\_\_ **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.***