



Physician Clearance Form 2024

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 2024.

_____ **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.