

**Horizons Savannah  
Physician Clearance Form  
2022**

Student First and Last Name:

\_\_\_\_\_

Student Date of Birth:

Student Age:

\_\_\_\_\_

\_\_\_\_\_

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**This section is to be completed by the student's physician.**

We require that a student attending Horizons be examined by a licensed medical professional within 12 months prior to the start of the program.

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

**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**

\_\_\_\_\_ **With the following restrictions (detail below)**

This student should be restricted from the following activities:

This student should take the following precautions during activities:

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

Notes:

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

Signature: \_\_\_\_\_

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

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

*Physician Completes This Form— Parent Returns This Form To Horizons*