



PREPARTICIPATION PHYSICAL EVALUATION

(MUST BE COMPLETED AFTER APRIL 1, 2026)

MEDICAL ELIGIBILITY FORM

BCYFC AZTECS
PO BOX 1642
Barstow, Ca. 92311
bcyfc01@gmail.com

Full Name: _____ Date of Birth: _____

Height: _____ Weight: _____

- Medically cleared for all sports without restriction
- Medically Cleared for all sports without restriction with recommendations for further evaluation or treatment of _____
- Medically Cleared for certain sports _____
- Not Medically Cleared pending further evaluation
- Not medically cleared for any sports

Recommendations:

I have examined the participant named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the chapter at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO,
NP, or PA

RESERVED FOR MEDICAL OFFICE'S STAMP



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SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information including ADA Compliance Requirements:

Parent signature: _____ Date: _____

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This form was edited by UYFC for use to determine participant eligibility.