

56<sup>th</sup> Medical Group  
Luke Air Base  
Youth Programs Sports Physical  
Clearance form

Please print Name \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_

Request Clearance for: High School\_\_ Youth Programs\_\_ Other \_\_

Has Asthma or needs inhaler for sport activity? \_\_\_yes \_\_\_No

Vision test done \_\_\_yes \_\_\_no Passed \_\_\_yes \_\_\_No

Physical or Clearance Date: \_\_\_\_\_

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cleared for following sports

Collision                  Contact                  Non contact

Restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Provider Signature & Stamp

\_\_\_\_\_  
Date