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# Penn State University

Wilkes-Barre Campus Intercollegiate Athletics Program  
Temporary Certification of Athletics Eligibility: NCAA Bylaw 14

Sport: \_\_\_\_\_  
[ ] Men's [ ] Women's

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## Medical Clearance to Participate in Intercollegiate Athletics

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\_\_\_\_\_  
**DATE**                      **PRINT STUDENT NAME (Last, First, MI)**                      **PSU ID#**                      **DOB**

Documentation confirming that you have had a physical examination by a licensed medical doctor within the last 12 months indicating that you are **medically cleared to participate in intercollegiate athletics** must be submitted along with the Tryout Application Packet. If you need to have a medical examination, **please take this form** and have a physician confirm that you are medically cleared to participate in intercollegiate athletics by completing the section below. Submit the form to the Director of Athletics in the main office of the Athletics & Recreation Building).

### **HEALTH CARE PROVIDER INSTRUCTIONS:**

**Health care provider** must complete the below physical examination clearance for students who will be participating in Penn State Intercollegiate Athletics. Place a checkmark on the line beside the appropriate statement and on the date line please indicate the day the physical was performed. **The health care provider signature, license number and date are required for authentication of the performed physical exam.**

### **CLEARANCE:**

Physical exams must be within the past 12 months to be valid.

\_\_\_\_\_ I performed a physical exam on this student on \_\_\_\_\_ and he/she is medically cleared to participate in intercollegiate athletics.                      DATE

\_\_\_\_\_ I performed a physical exam on this student on \_\_\_\_\_ and he/she is NOT medically cleared to participate in intercollegiate athletics.                      DATE

Please indicate here if there are any significant medical problems that we should be made aware of: \_\_\_\_\_

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**SIGNATURE OF HEALTH CARE PROVIDER**                      **LICENSE NO.**                      **DATE**                      **PRINT HEALTH CARE PROVIDER NAME**

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### **STUDENT INSTRUCTIONS:**

WE STRONGLY ENCOURAGE YOU TO **MAKE A COPY** OF THE COMPLETED FORM FOR YOUR RECORDS.

The completed form should be returned to the Director of Athletics in the main office of the Athletics & Recreation Building (ARB) via fax (570) 675-9177 or mail to Penn State Wilkes-Barre Athletics PO Box PSU, Lehman, PA 18627.