RISING GROUND
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FORMERLY LEAKE & WATTS

463 Hawthorne Avenue
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Bronx, NY 10461
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RisingGround.org

The Biondi School

SCHOOL MEDICAL CLEARANCE FORM

Student Name: _____ **DOB:** _____ **Sex:** _____

History:

Allergies:

Medications:

Physical Exam	Normal	Abnormal	Comment (for abnormal findings)
HEENT			
Neck			
Skin			
Pulmonary			
Cardio Vascular			
Abdominal			
Genital-Urinary			
Extremities			
Neurological			
Lymph			

Immunizations: [attach record or titers] UTD: ___Yes ___No
PPD: Date: ___/___/___ ____Neg. ____Pos. [If Pos. ____CXR, _____Result]
Last Dental Exam: Date: __/___/___ Vision Exam: OD _____ OS _____
Hearing Exam: Right _____ Left: _____

Assessment:

Medically Cleared for Sports: ___Yes ___No **Cleared for Football: ___Yes ___No**

PLEASE SUPPLY PRESCRIPTION COPIES OF ALL MEDICATIONS, INCLUDING OTC / PRN, TO BE GIVEN IN SCHOOL, WITH DETAIL DIRECTIONS WITH PRESCRIBER CONTACT.

Physician Signature Physician Stamp Date