



Lisbon Bull Sharks Swim Team
2010 – 2011
Medical Clearance Form



Name _____
Age _____

Request Clearance for participating on Swim Team

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 swimming: _____ yes _____ no

Restrictions: _____

Provider Signature

Date