

ACTIVITIES/PHYSICAL RELEASE

for

COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION (CHSAA)

**You may also use a physical release form provided by your family doctor

Student's Name: _____ Birth Date: _____

High School: _____

CLEARANCE

- Cleared
 - Cleared after completing evaluations/rehabilitation for:
 - Not cleared for:
 - Collision
 - Contact
 - Non-contact
 - Strenuous Moderately Strenuous Non-strenuous
-

Recommendation:

Name of Physician/PA/Nurse Practitioner/Certified-Registered Chiropractor

Address

Signature: _____

***Date of Exam:** _____

*Authorization expires 365 days after this date.