



**LANSING CENTRAL SCHOOL DISTRICT
ATHLETIC PLACEMENT PROCESS
MEDICAL CLEARANCE FORM**

Exam Date: _____

Student's Name: _____ Grade: _____

Address:

DOB: _____ Age: _____ Gender: _____

Desired Sport: _____ Desired Level: _____

Height: _____ Weight: _____ Muscle Mass: _____

Tanner Score: _____ Other information: _____

(For females: the onset of menarche is automatically considered to be Stage 5).

Physician Statement: *Taking into account the student's height, weight, muscle mass, and Tanner Rating as compared to other athletes he/she would compete with, it is my best professional judgment that this student possesses the appropriate physical maturity and is physically comparable with the average age and sex of the students against whom he/she will compete to be able to participate in the sport identified above and at the level indicated.*

Physician's Name: _____ Phone: _____

Address: _____ Fax: _____

Physician's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Return this form to the District Athletic Director

