



MESALANDS COMMUNITY COLLEGE
Wind Energy Technology Program
 Pre-participation Physical Evaluation
 Clearance Form



Name _____ Sex _____ Age _____ Date of birth _____

Cleared without restriction

Cleared, with recommendations for further evaluation or treatment for: _____

Not cleared Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

IMMUNIZATIONS (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

Up to date (see attached documentation) Not up to date Specify _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

© 2004 American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academic of Sports Medicine.

Physician - Please mail this completed form to: **Mesalands Community College**
Office of Enrollment Management
911 South Tenth Street
Tucumcari, NM 88401