



## Medical Clearance for Program Participation

\_\_\_\_\_ is in Clark College's \_\_\_\_\_ program.  
Student Name Program of Study

One requirement of the program is the completion of a thorough physical exam within 1 year (12) months of his/her program start date. The medical provider completing the physical exam needs to complete the remainder of this form.

\_\_\_\_\_ is able to fully participate in the above listed program.  
Student Name

\_\_\_ without any restrictions or

\_\_\_ with the following precautions \_\_\_\_\_  
\_\_\_\_\_

Provider Name: \_\_\_\_\_  
Please Print

Provider Address:  
\_\_\_\_\_  
\_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to Clark College's Counseling and Health Center.

Clark College *The Next Step*

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