CLUB SPORTS PARTICIPANT CLEARANCE TO PLAY FOR 2017-2018 ACADEMIC YEAR

Participant’s Name: ________________________________________________

Net ID or Peoplesoft #: ______________________

Team Name: _______________________________________________________

TO BE COMPLETED BY THE HEALTHCARE PROVIDER

Date of Most Recent Physical Exam (MM/DD/YY): _____/_____/_____
* must have occurred within a year of season

By signing below, I am certifying that the student named above has been examined, and is healthy and cleared to participate in any Club Sports related activity for the 2017-2018 academic year.

Healthcare Provider Signature________________________________________ Date________________

Provider Name (print or stamp):
Address:

NPI#:

Student must submit completed form by:
1. Scanning and uploading to the Student Health Portal - myHealth.uconn.edu
2. Dropping-off in-person at the Student Health Services Front Desk or at the Lock Box inside the front door