CLUB SPORTS PARTICIPANT CLEARANCE TO PLAY FORM

Participant’s Name: ________________________________

Net ID or Peoplesoft #: ________________________________

Team Name: ________________________________

Date of most recent physical exam (MM/DD/YY): ____/____/____

*Must have occurred within a year of the 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.

Healthcare Provider Signature__________________________ Date___________

Provider Name (print or stamp):
Address:

NPI#: ____________________________________________

Students must submit completed form by scanning and uploading to the Student Health Portal myHealth.uconn.edu