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): ____/____/____

*The Physical must have occurred within a year of the season.

(A new physical is not required during your time at UConn if there have been no changes to your health or physical condition.)

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