Patient Label: Page:_____

UCSB Recreational Sports

SPORTS PARTICIPATION CLEARANCE FORM

By signing this Sports Participation Clearance Form, I acknowledge that I have performed a physical examination on the following patient:

_____

(Please print patient's name)

I acknowledge also that I have found this patient fit for participation in the following sport(s):

_____

(Please print name(s) of sport(s))

Signed: _____ Date _____

(Clinician signature)

Clinician name: _____ Phone: (___)_____

Please note: *The actual physical examination form should be filed with the patient's records at the clinic where the physical exam was performed.*

This form may be faxed to UCSB Recreational Sports at: (805) 893-5973

J\FORMS\ATHLETICS\SPORTS CLEARANCE 2/12/02