



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

Participant's Name: \_\_\_\_\_

Net ID or Peoplesoft #: \_\_\_\_\_

Team Name: \_\_\_\_\_

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**TO BE COMPLETED BY THE HEALTHCARE PROVIDER**

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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#:**

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**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**