



**CLUB SPORTS PARTICIPANT  
CLEARANCE TO PLAY FORM**

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): \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*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#:

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**Students must submit completed form by scanning and uploading  
to the Student Health Portal [myHealth.uconn.edu](http://myHealth.uconn.edu)**