



**CLUB SPORTS PARTICIPANT
CLEARANCE TO PLAY FORM**

Participant's Name: _____

Net ID or Peoplesoft #: _____

Team Name: _____

TO BE COMPLETED BY THE HEALTHCARE PROVIDER

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**