



**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***

Date of most recent physical exam (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Must have occurred within a year of the 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.***

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](https://myHealth.uconn.edu)**