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