

**UCSB RECREATIONAL SPORT CLUBS  
SPORT PARTICIPATION CLEARANCE FORM**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Sport

By signing this Sport Participation Clearance form, I acknowledge that I have performed a physical exam on this student and have found this student:

- Cleared for all sport related activity without restriction
- Cleared for all sport related activities with the following conditions:
  - The Sport Club athlete has a history of COVID-19. They should initiate a monitored graded return-to-play protocol per British Journal of Sports Medicine. If they progress without chest pain, dyspnea or syncope, they are considered cleared for participation
  - Not cleared for any sport related activity

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient label or clinician stamp:

**This form is not valid without the patient label or clinician's stamp and will not be accepted.** This form should be emailed directly to Kelly Walsh, the Sport Clubs Head Athletic Trainer, at [recreation-ucsbsportclub.athletictrainers@ucsb.edu](mailto:recreation-ucsbsportclub.athletictrainers@ucsb.edu) or faxed to 805-893-5950