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 or faxed to 805-893-5950