

Berkeley Unified School District

Office of Risk Management

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(510) 644-6049 Fax: (510) 644-8881 www.berkeley.k12.ca.us

Health Certification for Participation in Group Sports Activities

6 7 8 ' (1 7 . 6

NAME

LAST

FIRST

M.I.

GRADE

Has this student had any injury or health condition that should be watched
(yes/no)? _____

If yes, please list or
explain _____

Physician statement (please check one ___ of the following):

No history or physical findings on this exam would prohibit student from participating in athletics. He/she is authorized to participate in group sports activities.

Student should have the previously mentioned health problem and/or injury evaluated/treated prior to participating in group sports activities and will not be cleared until he/she is re- evaluated/treated and proven healthy enough to participate.

Student has health problems which would prohibit him/her to from participating in group sports activities and is therefore not cleared to participate.

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