

# Berkeley Unified School District

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Office of Risk Management

2020 Bonar Street, Suite 234 Berkeley, California 94704-1180

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

## Health Certification for Participation in Group Sports Activities

STUDENT'S  
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.

\_\_\_\_\_

DOCTOR'S SIGNATURE

\_\_\_\_\_

STATE LICENSE

\_\_\_\_\_

DATE

Please provide stamp from the doctor's office/clinic/hospital in this box: