

# Berkeley Unified School District

---

Office of Risk Management

2 % R Q D U 6 W U H B e r k e l e y , C a l i f o r n i a 9 4 7 0 4 - 1 1 8 0

(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.

---

' 2 & 7 2 5 . 6 6 , \* 1 \$ 7 8