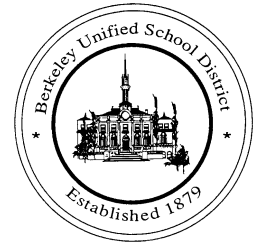


Berkeley Unified School District



Office of Risk Management & Health Benefits

2134 Martin Luther King Jr. Way, 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: