

**PRE-ACTIVITY CLEARANCE EXAMINATION:
PHYSICIAN AUTHORIZATION**

I hereby certify that I have examined _____ (*name of camper*) and have found him/her fit to attend and participate in the 2017 UH Softball Camp. I know of no impairments, which would limit his/her participation in all camp activities except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and/or Comments:

Date of Last Tetanus Booster: _____

Date of Physical Examination (**must have been completed within the last 12 months**):

Physician's Signature:

Address:

City, State, Zip:

Phone:

