THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES
HEALTH SERVICES UNIT
Telephone: (868) 662-2002 Exts. 82149/82153 Website. www.sta.uwi.edu/health/

MEDICAL CLEARANCE CERTIFICATE FOR SPORTING ACTIVITIES

Name:……. Date:……

Sex: ……. Age:…… Sport:……...

A. Student is cleared for participation in all sports without restrictions.

B. Student is withheld clearance for participation in any sport until evaluation/treatment of:

…….

……..

……...

C. Student is cleared for participation in limited types of sports which **exclude** the following types of sports contact: (check all that apply)*

☐ Contact/Collision ☐ Non-contact/strenuous

☐ Limited Contact ☐ Non-Contact/non-Strenuous

Due to:…….

…….

…….

HISTORY REVIEWED AND STUDENT EXAMINED BY:

Physician's Stamp:

STAMP

Physician's Signature:……

Date of Examination:…….

***List of Sports by Level of Contact:**

Football – Contact/Collision
Hockey – Contact/Collison
Basketball – Contact/Collison
Netball – Contact/Collison
Volleyball – Limited Contact

Cricket – Non-Contact/Strenuous
Tennis – Non-Contact/Strenuous
Track and Field – Non-Contact/Strenuous
Swimming – Non-Contact/Strenuous
Table Tennis – Non-Contact/Strenuous