

Print, Have Physician Complete, Sign, and Return Form

**THE UNIVERSITY OF TEXAS AT AUSTIN**  
***University Sponsored Sports Camps***  
***Departments of Intercollegiate Athletics for Men and Women***

**PERTINENT MEDICAL/INSURANCE INFORMATION**

**✍ To be filled out by camper (adult):**

Participant's Name \_\_\_\_\_

Camp \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications (if you will be self-administering any medications during camp – prescription or over-the-counter, you are required to fill out the “Addendum, Self-Administering of Medication” form which is enclosed) \_\_\_\_\_

Other \_\_\_\_\_

Insurance: Company \_\_\_\_\_ Policy # \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

I hereby certify that I have examined the above named patient and have found him/her fit to attend and participate in the ***University Sponsored Summer Sport Camps***. 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/St./Zip \_\_\_\_\_

Phone \_\_\_\_\_