



University of California
San Francisco

Consent for Pre-participation Physical Examination

I authorize the University of California, San Francisco medical staff to perform a pre-participation physical exam on _____ (Athlete's name) as required for the upcoming high school athletic season.

Please check one

_____ I authorize the medical staff at UCSF to share medical information determined on the PPE with my coach/school for the purposes of clearance or restriction to participate in athletics.

_____ I DO NOT authorize the medical staff at UCSF to share medical information determined on the PPE with my coach/school for the purposes of clearance or restriction to participate in athletics.

Signature _____

Printed Name _____

Relationship to athlete _____

Date signed _____

Signature of athlete _____

Date signed _____