



**UHEALTH SPORTS MEDICINE CLINIC**  
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Miami, FL 33136  
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305-689-5500

**UHEALTH SPORTS MEDICINE CLINIC- PLANTATION**  
8100 SW 10<sup>TH</sup> Street  
Plantation, FL 33324

## CLEARANCE FORM

Patient Name: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

The athlete named above is cleared to complete return to full contact sport

participation as of \_\_\_\_\_. The athlete is instructed to stop play immediately and notify the coach or athletic trainer should his/her symptoms return.

Signature: \_\_\_\_\_

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