

MEDICAL CLEARANCE FORM

I, Dr. _____, have examined _____
(name of student)

and I give him/her medical clearance for participation in the Summer Program offered by Pre-College Programs at the University of Maryland, College Park.

Physician: If the student is currently using any type of medication, please note below the reasons for its use and the administration procedure.

Physician Name (print)

Physician Signature

Date