



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

I hereby certify that I have examined _____ and have found him/her
(Full Name of TXLA Participant)

fit to attend and participate in Longhorn Aquatics. I know of no impairments, which would limit his/her, participation except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Date of Physical Examination ____/____/_____
(must have been completed within the last 24 months)

Date of Last Tetanus Booster: ____/____/_____

Restrictions and/or Comments:

Physician Signature: _____

Address: _____

City, State, Zip: _____

Phone: _____