



UNIVERSITY OF  
MARYLAND  
PRE-COLLEGE PROGRAMS IN UNDERGRADUATE STUDIES  
*Upward Bound Program*  
*Upward Bound Math and Science*  
*LIFT*

Cole Student Activities Building, Room 0105  
College Park, Maryland 20742  
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[www.precollege.umd.edu/](http://www.precollege.umd.edu/)

## 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.

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\_\_\_\_\_  
Physician Name (print)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date