

THE UNIVERSITY OF TEXAS AT AUSTIN  
*UNIVERSITY SPONSORED CAMP*  
*GLOBAL ETHICS AND CONFLICT RESOLUTION SUMMER SYMPOSIUM*

PRE-ACTIVITY CLEARANCE EXAMINATION:PHYSICIAN AUTHORIZATION

I hereby certify that I have examined \_\_\_\_\_ and have found him/her fit to attend and participate in the *UT Global Ethics and Conflict Resolution Summer Symposium*. I know of no impairments, which would limit his/her participation in all camp activities except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and/or Comments:

Date of Last Tetanus Booster: \_\_\_\_\_

Date of Physical Examination (**must have been completed within the 12 months before 1<sup>st</sup> day of camp**)

Physician's Signature: •

Address:

City, State, Zip: Phone: