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The Center for Health, Wellness
and Personal Counseling

MEDICAL ELIGIBILITY FOR INTERCOLLEGIATE ATHLETICS

The following Bergen Community College student-athlete,

_____, Social Security # or ID # _____,

Has been examined by me and approved to participate in the sport of

_____ without restrictions.

Physician's Signature: _____

Date of Exam: _____

Physician's Name _____
(Please Print)

Address and Phone # _____
(Office Stamp required)

Physician's comments regarding any restrictions:

