



Injury Clearance Form—*for Extracurricular Activities*

This form should be completed by any student athlete requiring medical attention from a physician. The student/and/or parent/guardian must present this note signed from a licenced physician, certified physicians' assistant or certified nurse practitioner before being able to practice or compete. The release, which must include, diagnosis, playing status and signature must be on file with the athletic trainer. The ATC has the final decision for the return to play per function tests.

Student Athlete_____

Diagnosis_____

Playing Status:

Out of Participation

Limited Participation

Fully Return to Athletics Per Athletic Trainer Functional Tests

Must be Completed by an Appropriate Health Care Provider
Licensed Physician, Certified Physicians Assistant under the Supervision of a Licensed Physician, Certified Nurse Practitioner, or Neuro-Psychologist

Examiners Name_____

Date of Evaluation_____ Office Phone_____

Address_____
