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 licensed 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

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☐ 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_____________________________________________________________________

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