



Injury/Illness Physician Form

STUDENT-ATHLETE INFORMATION

Name: _____ Date of Injury: _____

Sport: _____ Area of Injury: _____

PHYSICIAN INFORMATION

Please list injury diagnosis: _____

Please check off student-athlete's status for athletics:

Cleared for full participation, no restrictions

Cleared for return to participation with the following instructions:

Not cleared until the following date: _____

Not cleared for participation. Follow-up/referral date: _____

Additional instructions for athletic trainers are (check one):

Attached

On reverse side of page

MD/DO Signature

Date

Office Address

Phone

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Enter to Learn, Leave to Serve