



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 by a licensed physician, certified physician's 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 Physician's Assistant under the Supervision of a Licensed Physician; Certified Nurse Practitioner; or Neuro-Psychologist

Health Care Provider Name _____

Date of Evaluation _____ Office Phone _____

Address _____