



## 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*