

## Clearance from Injury for Sport Form

### Player Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Club: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

### Medical History and Injury Details:

Type of Injury:

- ☐ Sprain/Strain
- ☐ Fracture
- ☐ Dislocation
- ☐ Surgery
- ☐ Other: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Treating Physician's Name: \_\_\_\_\_

Treatment Provided:

- ☐ Physical Therapy
- ☐ Surgery
- ☐ Medication
- ☐ Rest/Bracing
- ☐ Other: \_\_\_\_\_

Current Symptoms:

- ☐ Pain
- ☐ Swelling
- ☐ Stiffness
- ☐ Weakness
- ☐ None
- ☐ Other: \_\_\_\_\_

**Medical Clearance:**

Based on the examination and treatment of the injury, I hereby confirm the following:

- **The player has fully recovered and is cleared to return to sports with no restrictions.**
- **The player is cleared to return to sports with the following restrictions:**
  - ☐ Limited playing time
  - ☐ Limited practice intensity
  - ☐ Wearing protective gear
  - ☐ Other: \_\_\_\_\_
- **The player is not yet cleared to return to sports and should follow up for further evaluation.**

**Physician Information:**

Physician's Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Date: \_\_\_\_\_

**Acknowledgement by Player/Guardian:**

I acknowledge that I have provided the above information accurately and have received appropriate medical evaluation. I agree to follow any medical recommendations provided by the treating physician to ensure a safe return to sports.

Player's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian's Signature (if player is a minor): \_\_\_\_\_

Date: \_\_\_\_\_