Clearance from Injury Form

Player Information:

Full Name: _____

Team:(Circle applicable) ***Womans*** ***Reserves*** ***Seniors***

Injury Details:

Date of Injury: _____

Injury Type:

- ☐ Sprain/Strain
- ☐ Fracture
- ☐ Dislocation
- ☐ Surgery
- ☐ Other: _____

Treatment Provided by Physician:

- ☐ Physical Therapy
- ☐ Surgery
- ☐ Medication
- ☐ Rest/Bracing
- ☐ Other: _____

Recommended certain precautions or limitations as follows:

_____

_____

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 (stated above): _____
- ☐ **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:

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: _____