



SPORTS CLEARANCE NOTE

Athlete Name: _____

Date: _____

I have examined the above named athlete who was injured while participating in the following sport or activity:

_____.

Diagnosis: _____

Please Check:

___ Athlete may return to activity on: _____ (Date)

___ Athlete is not cleared to return to activity

___ Athlete is cleared for limited activities which include:

Medical Provider's Signature

Medical Provider Printed Name

**Please return completed note to your coach*