



Activities Release / Restriction

Student's Name: _____

To the Coach/Athletic Trainer: _____

_____ has sustained an injury to _____ and is currently under the medical care of _____ and participating in a rehabilitation program directed by SPARCC Sports Medicine. This is an important part of the athlete's safe return to full participation in their sport. Please note the following guidelines and restrictions to their current activity level as we progress them according to their healing process.

I have discussed the concepts of relative rest and gradual return to sport with the patient and the parent(s). Attention should be paid to any pain the athlete has in return to full activity.

Clearance:

Cleared		
Cleared after completing evaluations/rehabilitation for:		
Not Cleared for:		
Collision		
Contact		
Non-Contact:		
Strenuous	Moderately Strenuous	Non-strenuous

Recommendations:

Name of Physician/PA/PT: _____

Contact Phone Number: _____

Signature

Date