



**Capital Region<sup>®</sup>**

**SPORTS MEDICINE**

An Affiliate of  Health Care

Better. Every day.

**MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION FOLLOWING INJURY**

This release is to certify that \_\_\_\_\_ (Name/DOB) has been examined for exhibiting signs and symptoms consistent with an orthopedic and/or sports-related injury. Following an examination, it is my medical opinion that he/she has been diagnosed with the following injury:

\_\_\_\_\_

Based on this assessment and diagnosis the athlete may:

\_\_\_\_\_ not return to participation in athletics until further notice.

\_\_\_\_\_ return to limited participation in athletics on \_\_\_\_\_ (date).\*\*

\_\_\_\_\_ return to full participation in athletics on \_\_\_\_\_ (date).\*\*

A follow up appointment is scheduled for \_\_\_\_\_ (date).

**\*\*Please list specific restrictions and/or other notes here:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

**Health Care Provider's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Health Care Provider's Signature** \_\_\_\_\_ **Phone #** \_\_\_\_\_

*Note: This form should be completed and returned to school's athletic trainer. Completion and return of this form allows the above information to be shared with the school's athletic trainer, team physician, and coaches.*