

SIERRA COLLEGE ATHLETIC TRAINING MEDICAL CLEARANCE FORM

Dear Doctor, thank you for treating our athlete. Completion of this form is invaluable in helping us oversee the athlete's rehabilitation and return to play. Thank you and if you have any questions please feel free to contact us.

Nancy Smith, MS, ATC 916-660-8107
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Athletic Training Room Fax 916-630-4566

Athlete's Name: _____ Sport: _____

Diagnosis: _____

Clearance Status:

_____ Athlete may return to participation with no restrictions

_____ Athlete may return to participation on _____

_____ Athlete may return to participation with the following restrictions/limitations:

_____ Athlete may not return to participation until further notice, see comments below

Treatment/Comments:

Physician's Name: _____ Office Phone #: _____

Physician's Signature: _____

Clinic Stamp: