



INJURY/ILLNESS PHYSICIAN REFERRAL

STUDENT-ATHLETE INFORMATION

Name: _____ Date of Injury: _____

Sport: _____ Area of Injury: _____

PHYSICIAN INFORMATION

Please list injury diagnosis: _____

Please check off student-athlete's status for athletics:

Cleared for full athletic participation without restrictions

Cleared for return to participation with the following instructions:

Not cleared until the following date: _____

Not cleared for participation. Follow-up/referral date: _____

***Additional instructions for the athletic trainer is (check one if applicable)*

Attached

On reverse side of page

MD/DO Signature

Date

Office Address

Phone

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