

Region 15
Post Injury / Post Illness Clearance
for School Sports/Physical Education

Name of Student

Grade

May resume participation in school sports/physical education on

_____ (date)

_____ with no limitations

_____ with the following limitations:

May not resume participation in school sports/physical education:

_____ until follow-up visit and clearance from

_____ (Physician – please print)

_____ Other (please specify: permanent excuse, completion of physical therapy, removal of cast, etc.)

Physician's Name (please print)

Physician's Signature

Street Address

Date

City, State, Zip Code

Telephone