

Del Valle ISD Sports Medicine Communication Form

Date: _____

Athlete Name: _____

Provider Name/Signature: _____

Body Part Evaluated:

Detailed Injury Diagnosis:

Restrictions/Limitations (Sports Specific/Weight Room/Conditioning):

Plan for Follow-up-Plan for Return to Athletic Participation:

Can the athlete progress with the Athletic Trainer? Yes / No (Please circle one)

This information should be communicated to the Athletic Training staff

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