

JC Bermudez - Doral Senior High School
Thunder Athletic Training

5005 N.W. 112 Avenue
Doral, FL 33178
305-715-3600 Ext ****

General Medical Clearance Form

Date: ___/___/___ Sport: _____

Athlete's Name (Last, First): _____, _____

Student Id. #: _____ D/O/B: ___/___/___

The above-mentioned student athlete is being referred to you or has already been under your care because he/she has a problem or is complaining about his/her _____ and requires follow-up evaluation to qualify for high school athletic participation.

Certified/Licensed Athletic Trainer

By submitting this form, the patient and the parent/guardian agree that the Licensed Athletic Trainer (LAT) is part of the Health Care Team, and that the LAT is authorized to receive all medical information about the above-mentioned student-athlete.

Medical Advisor's Report

Diagnosis: _____

X-Ray Report (if taken): _____

Medication Prescribed: _____

Treatment Recommendations: _____

While working with the Certified Athletic Trainer the following activity recommendations apply (check all that apply):

- Complete Rest
- Limited which may include (Exercises Non-Contact Drills Running Drills Other)
- Athlete may return to full activity on ___/___/___
 - while completing pre and post activity therapy.
 - with no pre and post activity therapy.
 - only after the next scheduled examination on: ___/___/___ at ___: ___ (am/pm)
 - as tolerated as long as no worsening of condition or increase in symptoms.

Physician's Name (Print) Physician's Signature _____/_____/_____
Date

Physician's Phone Number: (____) _____ - _____