

THIS FORM IS TO BE FILED AT SCHOOL WITH ORIGINAL INJURY REPORT FORM

~ Please do not return this form to MIAA ~

**RETURN TO ATHLETIC PARTICIPATION**

**TO BE COMPLETED BY A SCHOOL OFFICIAL**

Record No. \_\_\_\_\_

1. STUDENT'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ TEL \_\_\_\_\_  
GRADE \_\_\_\_\_ AGE \_\_\_\_\_
2. Injury (illness) information \_\_\_\_\_  
Time and date of injury \_\_\_\_\_ Contest or practice \_\_\_\_\_  
Type of injury \_\_\_\_\_ Sport \_\_\_\_\_ Position played \_\_\_\_\_  
Coach \_\_\_\_\_ Tel \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

3. Description of injury \_\_\_\_\_  
\_\_\_\_\_
4. Referred \_\_\_\_\_  
Recommendations/restrictions \_\_\_\_\_
- a. No restrictions (discharged) as of \_\_\_\_\_  
DATE
- I have examined \_\_\_\_\_ and certify that he/she is  
STUDENT  
recovered from \_\_\_\_\_  
incurred on \_\_\_\_\_  
DATE
- b. No practice or competition until \_\_\_\_\_  
DATE
- c. Expected return to activity (after further evaluation) \_\_\_\_\_  
DATE
- d. Please state restrictions which you require (e.g. no contact, light practice only, etc.) \_\_\_\_\_
- e. Other \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE DATE

\_\_\_\_\_  
PARENT'S SIGNATURE DATE

\_\_\_\_\_  
COACH'S SIGNATURE DATE

\_\_\_\_\_  
STUDENT'S SIGNATURE DATE

