

North Suburban Aquatic Club
Swimmer Returning From Injury Report
612-532-0164

Dear Healthcare Provider:

_____ is a member of this swim club and participates in amateur competitive swimming. Training can be rigorous in the water performing all competitive strokes (freestyle, butterfly, breaststroke and backstroke) and may include out of the water “dryland” training exercises (with/without weights) and running. The help the club modify my athlete’s training program to best suit his/her needs, please indicate what limitations are necessary and for what time frame in order for him/her to return to the sport. Thank you.

(parent/guardian signature)

(date)

To Be Completed By Healthcare Provider

Diagnosis: _____

Return to swimming with NO limitations beginning _____

Return to swimming with limitations listed below from _____ to _____

Should not raise arm(s) above head: left right both

Unable to use arm(s): left right both

Unable to lift more than _____ pounds.

When swimming, able to use: legs (kick only) arms (pull/stroke) only

Other (e.g.: equipment use such as fins, kickboard, hand paddles, etc):

Signed, _____
(healthcare provider’s signature)

(date)

(print name)

(title)