

Return to Sport Form for Injury/Illness



Calvert Aquatics Club, Head Coach Email:

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***This form must be completed when an athlete is seen by ANY health-care provider or specialist.**

Date: _____

This is to certify _____ (Athlete's Name/DOB)

Was seen in my office on (Date) _____

Diagnosis: _____

Activity Level Allowed:

Other information regarding injury:

Follow-Up Appointment Date: _____

_____ (Dr. Signature)

_____ (Dr. Phone Number)