



## Post Injury Clearance Form

Player: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Player may return to:

- Skating Only. No Contact.
- Skating and stick drills only. No Contact.
- Full Participation without restrictions.

Treating Physician (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Please return form to Team Manager)