COCHISE COLLEGE ATHLETIC TRAINING
4190 West Highway 80, Douglas, AZ 85607
Phone: 520-417-4095 Fax: 520-417-4096

SPORTS CLEARANCE FORM

Today's Date: _____ Student Athlete's Name: _____
Sport(s): _____ Address: _____
DOB: _____ Primary Physician: _____
Physician Phone: _____ Physician Fax: _____

A. INJURIES Check and explain in the space provided below.

- If injury was within the last year, please provide approximate date below.

			INJURY			
			None	Old	Current	Approx Date
1.	Shoulder/Elbow (e.g., dislocation, rotator cuff, AC separation)	_____	□	□	□	_____
2.	Arm/Wrist/Hand/Finger (e.g., fractures)	_____	□	□	□	_____
3.	Head/Neck (e.g., burners, pinched nerve)	_____	□	□	□	_____
4.	Ribs/Abdomen	_____	□	□	□	_____
5.	Low back pain	_____	□	□	□	_____
6.	Leg/Hip (e.g., quadriceps, hamstring strain)	_____	□	□	□	_____
7.	Knee (e.g., ligament, meniscus, patella)	_____	□	□	□	_____
8.	Lower leg (e.g., shin splints, calf strain)	_____	□	□	□	_____
9.	Ankle/Calf/Foot/Toe (e.g., sprain, Achilles)	_____	□	□	□	_____
10.	Stress Fractures:	_____	□	□	□	_____

Explain:
_____
_____
_____

B. SURGERIES

- If surgery was in the past year, provide approximate date.

Type of Surgery: _____ Date: _____
_____ Date: _____

Specialist's name: _____ Work Phone: _____
Address: _____
_____

I have reviewed this Sports Clearance Form, and:

□ I recommend that the patient be cleared for full participation in intercollegiate sports.

□ I recommend that the patient be cleared for participation in intercollegiate sports with the following limitations: _____
_____
_____
_____

□ I do not recommend this patient be cleared for participation in intercollegiate sports due to the following: _____
_____
_____
_____

Additional Comments: _____
_____
_____
_____

Specialist Signature: _____ **Date:** _____