



NAME _____ GRADE _____ SPORT _____ DATE _____

BODY PART INVOLVED _____ DATE OF INJURY _____

HISTORY _____

INITIAL IMPRESSION _____

The athlete is required to return this form to the athletic trainer before they may resume any activity. All student/athletes have a release of information form on file for HIPPA compliance. If I can be of any further assistance, please feel free to contact me.

Thank you

Jennifer Warnock
Athletic Trainer
Heath High School
(740) 788-3336

HISTORY _____

EXAM _____

IMPRESSION _____

TREATMENT/REHABILITATION:

- Evaluate and Treat
- Modalities PRN
- Other

Recommendations _____

RETURN TO PARTICIPATION:

- Athletic Trainer's Discretion
- Return visit Date: _____

Physician _____

Date _____