

Dear Student-Athlete:

In order to provide the best possible care for our student-athletes at William & Mary, we would appreciate your cooperation in providing the information detailed on the attached sheets. In some cases, you may be asked to utilize the **Authorization for Release of Information** form and a detailed **Medical Clearance Form**. The following is a step by step outline for completing the form(s).

1. Insert your name and your healthcare provider's full name on the form(s).
2. Insert your Social Security Number, Date of Birth, Injury, and Approximate date of injury.
3. Sign and date the form(s). **If under 18 years of age, parent must sign and date.**
4. Take the form(s) to your healthcare provider's office and request they send the requested information to the Division of Sports Medicine Office at William & Mary.
5. Please call your healthcare provider approximately one week later to follow up on your request.
6. Notify your athletic trainer within the Division of Sports Medicine at William & Mary at (757) 221-3407 when the information has been mailed.

If you have any questions, please do not hesitate to call us.

Thank you for your cooperation,

William & Mary Sports Medicine Staff

Attachments: Authorization for Release of Information
Student-Athlete Medical Clearance Form

REQUEST FOR INFORMATION

In an effort to facilitate the best possible care for our student-athletes and establish lines of communication with all healthcare providers, we respectfully request the following indicated information:

- Copy of office notes, diagnostic test results, and operative notes (if surgery was performed)
- Completed "Student Athlete Medical Clearance Form" (attached)*
- Detailed prescription for physical therapy, if rehabilitation program is warranted*
- Itemized bills for _____

*This information must be completed by the consulting physician and received by the Sports Medicine staff before the athlete can return to participation or start any rehabilitation or treatment program at William & Mary.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ give _____ my permission to release,
ATHLETE'S NAME MEDICAL PROVIDER'S NAME

written and/or orally, any information concerning my injury, to William & Mary. This release remains valid until revoked by me in writing.

SOCIAL SECURITY NUMBER

DATE OF BIRTH

INJURY

DATE OF INJURY

ATHLETE'S SIGNATURE

DATE

PARENT'S SIGNATURE
If athlete is under 18

DATE

Thank you for your assistance and cooperation in the care of our student-athletes. Please don't hesitate to call us if we may be of assistance to you. Please forward this information to the attention of Sports Medicine (757) 221-3407 (VM) or fax (757) 221-4361.

Student-Athlete Medical Clearance Form

Athlete's name:	Date:
Physician:	Address:
Phone:	Fax:
Body Part: (R) (L)	Injury Dx:
Date of surgery:	Surgical Procedure:

<p>Please complete both pages of this form and return to: William & Mary Division of Sports Medicine PO Box 399 Williamsburg, VA 23187-0399 Fax: (757) 221-4361</p>
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1. Do you utilize a standardized protocol for the rehabilitation of this injury? If so, please attach a copy of the protocol. Y N

2. What is the time frame you recommend for return to limited participation with this injury?

_____ days/weeks/months From what date? _____

What is the time frame you recommend for return to full participation with this injury?

_____ days/weeks/months From what date? _____

3. Do you require the use of a functional brace following an injury of this type? Y N

If yes, what type/brand brace? _____

Taping, strapping, or wrapping? _____

4. In which manner will the student-athlete be tested for medical clearance for return to athletic participation (please check all that apply)?

_____ Physical exam

_____ Isokinetic testing

_____ Sport specific functional agility testing

Diagnostic testing Please specify: _____

Other

5. For what activities has the student-athlete been cleared to participate? (please check all that apply)

Weight bearing Please specify: _____

Non weight bearing (bike, pool, etc.)

Isotonic Strength Training

Proprioception exercises Please specify: _____

BAPS/wobble board

Uniplanar wobble board

Isokinetic Strength Training At what date? _____

Stair-stepper

Running At what date? _____

Individual agilities/cutting drills without contact At what date? _____

Group agilities/cutting drills without contact

Group agilities/cutting drills with contact

Other: _____

Recommend full participation with no limitations

6. Are there any other limitations (not listed above) for this student-athlete? Y N
If yes, please explain.

7. Do you recommend the use of any modalities? Y N
If yes, please explain.

8. Do you have a follow-up office visit scheduled with this student-athlete? Y N

Date: _____

*By signing this **Student-Athlete Medical Clearance Form**, I understand that the final decision for clearance to participate in athletics at William & Mary rests with the team physician and/or our local medical network of physicians.*

Physician name: _____ **Date:** _____

Signature: _____