

**Goleman Senior High  
Gator Athletic Training**

14100 N. W. 89 Avenue  
Miami, Florida 33018  
305-362-0676\*2271

**General Medical Clearance Form**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sport: \_\_\_\_\_

Athlete's Name (Last, First): \_\_\_\_\_, \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ D/O/B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student Id. #: \_\_\_\_\_

The above-mentioned student athlete is being referred to you or has already been under your care because he/she has a problem or is complaining about his/her

Part of Body Injured: \_\_\_\_ Side(s) - \_\_\_\_\_

and requires follow-up evaluation to qualify for high school athletic participation.

Seth H. Fogler, MS Ed, LAT, Athletic Trainer

By submitting this form the patient and the parent/guardian agree that the Licensed Athletic Trainer (LAT) is part of the Health Care Team, and that the LAT is authorized to receive all medical information about the above-mentioned student-athlete.

**Medical Advisor's Report**

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

X-Ray Report (if taken): \_\_\_\_\_

Medication Prescribed: \_\_\_\_\_

Treatment Recommendations: \_\_\_\_\_  
\_\_\_\_\_

While working with the Certified Athletic Trainer the following activity recommendations apply (check all that apply):

- Complete Rest
- Limited which may include ( Exercises  Non-Contact Drills  Running Drills  Other)
- Athlete may return to full activity on \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - while completing pre and post activity therapy
  - with no pre and post activity therapy
  - or only after the next scheduled examination on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_ : \_\_\_\_ (am/pm)
  - as tolerated as long as no worsening of condition or increase in symptoms

\_\_\_\_\_  
Physician's Name (Print) Physician's Signature Date

Physician's Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_