

Return to Activity Form

Christian Academy in Japan

Athletic Department

This form needs to be completed if the coach feels that the injury a student-athlete sustained was of a more serious nature which required fairly extensive treatment from a medical doctor and has kept the student-athlete from participating in the sport for five (5) or more days.

To be completed by the treating medical doctor:

It is my medical opinion that _____ be permitted to return to
(student-athlete's name)

activity after having sustained and been successfully treated for _____.
(injury)

Recommendations (if any):

Doctor's signature _____

Date _____

Return this form to the coach who will then give it to the Athletics Coordinator to keep on file.