

## MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION

This release is to certify that \_\_\_\_\_ has been examined  
(Student athlete's name)

due to exhibiting the signs or symptoms consistent with sudden cardiac arrest. Following an examination, it is my medical opinion that he/she

\_\_\_ **Is unable to return to participation in athletics until further notice**

Return appointment scheduled on: \_\_\_\_\_  
(Date)

\_\_\_ **May return to limited participation in athletics on** \_\_\_\_\_  
(Date)

\_\_\_ **Following return to limited participation this student needs to return for re-evaluation before being released for full participation in athletics.**

\_\_\_ **May return to full participation in athletics on** \_\_\_\_\_  
(Date)

**Restrictions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Health Care Provider's Name (Type or Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date