



Gadsden State Community College

Medical Referral/Sick Clearance

Athletic Trainer: Hanna Griffith, LAT, ATC (office) 256-549-8283 (cell) 205-359-0310

Athlete Name: _____

Sport: _____

Date: _____

TO BE COMPLETED BY PHYSICIAN ONLY

Diagnosis: _____

Recommended Treatments: _____

Medications Given: _____

Participation Status:

No participation until follow-up on _____

May return on this date _____

Restricted participation with these conditions _____

May return to full participation immediately

Physician Printed

Date

Physician Signature

Phone Number