

DCHS Physician Return to Sports

Delmarva Christian HighSchool
217777 Sussex Pines Rd.
Georgetown, DE 19947
Mr. Dennis Noonan LAT, ATC
dnoonan@delmarvachristian.com

Date: _____

Dear Mr Noonan:

I have examined _____, who was injured while participating in the following sport: _____.

I recommend that the above student receive the following care by you at school:

(Please check)

_____ Moist Heat
_____ Exercise
_____ Massage

_____ Cold Therapy
_____ Range of Motion
_____ Strengthening

Available Equipment Bike _____
 Treadmill _____
 Free Weights _____
 Surgical Tubing _____
 Weight Machines _____

Diagnosis/Additional Comments

Please Check

- [] The athlete may return to activity on _____ . (date)
- [] The athlete may resume activities at the trainer's discretion.
- [] The athlete may participate with these restrictions _____
- [] The athlete is to see me again prior to resuming activities. _____ . (date)

Physician Signature

Telephone Number

Parents Signature

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