



NEW ENGLAND INTENSITY

Medical Clearance to Participate Following Injury or Illness

This form must be completed by a licensed MD, DC, NP, or PA before returning to football related activities.

Medical provider: Please return the original form to the player and keep a photocopy for your own records.

Player: _____ Date: _____

Injury or illness: _____

Disposition: I have examined this patient in person today, and based on that information, it is my professional opinion that the patient should be (please choose one):

_____ Cleared immediately for all activities related to the playing of full-contact, tackle football.

_____ Cleared, pending the further evaluation or treatment/rehabilitation of: _____

_____ Partially cleared, with the following restrictions: _____

_____ Not cleared, due to: _____

Recommendations: _____

Required follow up visits or tests scheduled for (date): _____

Signature of MD, DC, NP, or PA: _____ Date: _____

Name of MD, DC, NP, or PA (printed): _____ Phone: _____

Patient's Waiver to Disclose Confidential Medical Information to the Medical Staff of the New England Intensity

By signing below, I hereby give my MD, DC, PA, or NP, or other licensed health care provider, and his/her designated representative(s) permission to disclose to members of the New England Intensity's Medical Staff (including but not limited to the team physicians, chiropractors, or athletic trainers listed below) any and all confidential medical information deemed to be related or relevant to my current injury or illness.

Patient's signature: _____ Date: _____

Witness: _____ Date: _____

New England Intensity Medical Staff:
Dr. Paula Cerasuolo D.C., Team Chiropractic Physician 978-562-4632
Cliff Ashley, LATC, Team Athletic Trainer 413-446-7007