|  |  |
| --- | --- |
| Image result for uwa athletic training and sports medicine | The University of West Alabama  Athletic Training & Sports Medicine Center  Station #14, UWA  Livingston, AL 35470  205-652-3450  <http://at.uwa.edu> |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Time: |  |
| Patient: |  | | | |

To Whom It May Concern:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This is to verify that the patient listed above visited our Center today to be seen by the | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Physician | |  | | Athletic Trainer | | | | | | | |  | Physical Therapist | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| and left at: | | |  | | |  | |  | A.M. | | | |  | P.M. | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | Patient may return to: | | | |  | | school | | | | |  | light duty work | | | | |  | full work. | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | Please excuse this patient from on | | | | | | | | | | | |  | work | |  | class | |  | physical activity | | |
|  | during the following times/dates: | | | | | | | | |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
|  | Student may participate in full athletic or physical activity. | | | | | | | | | | | | | | | | | | | | | |
|  | Student may participate in limited athletic or physical activity as follows: | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
|  | Please allow this student/patient to return to our Center for rehabilitation or follow- up on the | | | | | | | | | | | | | | | | | | | | | |
|  | following dates and times: | | | | | | | | | |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| Please contact our office should you have questions.  Thank you,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  UWA AT&SMC Staff Member | |  |  | | --- | --- | | *R.T. Floyd, EdD, ATC, CSCS*  *Joni Maddox, DAT, ATC*  *Andrea Wilson, MS, ATC*  *Hudson Byrnes, MS, ATC*  *Taylor Ramsey, MS, ATC*  *Jordan Hall, MAT, ATC*  *Candice Keene, DPT, ATC*  *Logan Lamalie, ATC*  *Adam Stone, ATC*  *Sarah Cook, ATC*  *David Greenhill, ATC*  *Bianca Canovas, ATC* | 652-3714  652-3455  652-5436  652-5485  652-3452  652-3696  652-3875  652-3451  652-3451  652-3451  652-3451  652-3451 | |

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