



Medical Clearance Form for Return to Play

Client's Name: _____ Student Number: _____

Client's Signature: _____ Date: _____

The time needed to return to play will vary with the severity of the concussion and with the player. Please have your physician complete this form and submit to your coach/Athletics & Recreation staff if you wish to return to your sport or activity.

To be completed by Physician: Please initial the Level of Activity the client can participate in returning to sport.

Initial of Physician	Level of Activity	Description of Activity
	Light aerobic exercise	Activities such as walking or stationary cycling. The player should be supervised by someone who can help monitor for recurring symptoms of concussion. <u>No</u> resistance training <i>or</i> weight lifting. The duration and intensity of the aerobic exercise can be gradually increased over time as long as no symptoms of concussion return during the exercise <i>or</i> the next day. The client is advised if concussion symptoms return, to <i>only</i> engage in activities as tolerated and consult a physician if symptoms persist.
	Sport specific activities	Activities such as skating <i>or</i> throwing can begin. There should be <u>no</u> body contact or other jarring motions such as high speed stops or hitting a baseball with a bat. The client is advised if concussion symptoms return, to <i>only</i> engage in activities as tolerated and consult a physician if symptoms persist.
	Begin Drills without body contact	Activities such as team drills and exercises during practices as tolerated. <u>No</u> activities that <u>may</u> include body contact such as scrimmages or drills. The client is advised if concussion symptoms return, to <i>only</i> engage in activities as tolerated and consult a physician if symptoms persist.
	"On Field" practice with body contact	Activities such as team drills, exercises and scrimmages as tolerated. The client is advised if concussion symptoms return, to <i>only</i> engage in activities as tolerated and consult a physician if symptoms persist.
	Game Play	Client is cleared to return to full sporting activity

Physician's Stamp

CPSO #:

Physician Signature: _____ Date: _____