



Airdrie Minor Hockey Association

#AMHASafetyFirst
Office: 403 912-2680

Return to Play Form - Concussion

This form is to be given to any player after an injury in which a concussion is suspected. This includes games, practices, off-ice training, etc.

Dear Physician:

Thank you for seeing our player. Your assessment is critical to the safe recovery of our player. AMHA has a Concussion Policy in place for any player suspected of having a concussion. As per our policy, a physician is required to provide clearance for any player that is suspected or diagnosed concussed. Please use this form, or other medical documentation containing the required information, to convey your diagnosis.

SECTION 1

- After assessment, it is my diagnosis that _____ is able to return to play without restrictions.
- After assessment, it is my diagnosis that _____ is medically not able to return to play and requires further supervised health management prior to return to play.

Name of Physician: _____

Signature of Physician: _____

Date: _____

In the event of concussion diagnosis, Section 2 (reverse side) should be completed as athlete rehabilitates.



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Section 2 required ONLY if player has sustained a concussion

SECTION 2 - parts 1-3 to be completed by health care provider

<p>1. Follow Up and Rehabilitation Plan</p> <p><input type="checkbox"/> Player has had follow up assessment/testing with health care professional trained in concussion management. An individual rehabilitation plan has been recommended/implemented to support recovery.</p> <p>Initials: _____ Date completed: _____</p>
<p>2. Rehabilitation Plan Completed</p> <p><input type="checkbox"/> Athlete has completed all necessary clinical rehabilitation requirements and is discharged to physician for further <i>Return to Play</i> recommendations (refer to Concussion Return to Play Progression)</p> <p>Initials: _____ Date completed: _____</p>
<p>3. Final Physician Clearance</p> <p><input type="checkbox"/> After final assessment, it is my diagnosis that, medically, the player is able to return to play <u>without any restrictions</u></p> <p>Initials: _____ Date completed: _____</p>
<p>4. Form Submission</p> <p><input type="checkbox"/> Form submitted to Team Safety Coach Date: _____</p> <p><input type="checkbox"/> Form submitted to AMHA Safety Coordinator Date: _____</p>