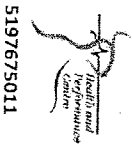
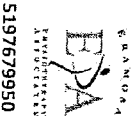


Return to Play Stage	Date Completed	Medical Provider Signature	Make note if the athlete had a reoccurrence of symptoms and return to medical provider	Trainer Signature	Parent Signature	Athletes Signature
<b>Stage 3A: Game Simulation Assessment (if requested by physician)</b> <input type="checkbox"/> Athlete was successful without return of symptoms				Not required		
Before returning to practice, the player should have the stages 1 & 2 signed, and if deemed necessary 3A (the physician will sign off if 3A was NOT required) To move through to stage 4 & 5, the Trainer, Athlete and Parent's signatures are required						
<b>Stage 3B: Return to Practice WITHOUT SRIMMAGE (60% athlete's effort)</b> <input type="checkbox"/> Athlete was successful without return of symptoms		Not required				
<b>Stage 4: Return to SCRIMMAGE Practice</b> <input type="checkbox"/> Athlete was successful without return of symptoms		Not required				
<b>Requires follow up IN ALL CASES with your medical provider and the athlete to acknowledge that they are CONFIDENT to return to play</b>						
<b>Stage 5: Return to GAME</b> Athlete was successful without return of symptoms						

\* Please be aware that any reoccurrence of the athlete's symptoms at any stage of the return to play protocol will require immediate withdrawal from the process and referral back to that athlete's medical practitioner. Once given medical clearance, the athlete will then be allowed to begin the return to play protocol, beginning at the stage recommended by their physician.

\*\* There must be a minimum a 24 hour rest period between each stage of the return to play protocol.

In collaboration with your local concussion providers:  
 Dr Carol Thomsson: 5198372283  
 Dr Galvin: 519-837-2020 ext 1 and/or 5  
 Dr Mountjoy: 519-767-5011



# Concussion Passport

*This form is to be given to the injured player/parents after any injury in which a concussion is suspected*

Dear Physician:

Thank for Seeing our athlete. Your assessment is critical to the safe recovery of our players. The Guelph Ringette Association has adopted the International Return to Play Concussive Guidelines. Our athletes have previously completed their ImPACT Cognitive Baseline Testing. At their Physician's discretion they can complete their post-concussion ImPACT cognitive test. A physician is required to authorize that the injured athlete meets the necessary medical criteria for consideration to either return to regular play or proceed through the graduated Return to Play Stages.

After assessing the athlete, please check one of the following options:

- I have assessed the athlete, and it is my impression that medically the player is able to return to play without restriction OR
- After assessing the athlete, it is my impression that the player is not currently safe to return to play and will require further management prior to return to play, I recommend that the player participate in a graduated return to play protocol prior to returning to play without restriction.

Notes: \_\_\_\_\_

Signature of Medical Doctor \_\_\_\_\_

Date: \_\_\_\_\_

Return to Play Stage	Date Completed	Medical Provider Signature	Make note if the athlete had a recurrence of symptoms and return to medical provider	Trainer Signature	Parent Signature	Athletes Signature
<b>Stage 1A:</b> <b>Exercises to increase heart rate &amp; balance</b> (stationary cycling) <input type="checkbox"/> Athlete was successful without return of symptoms				Not required		
<b>Stage 1B: (if requested by physician)</b> <b>Recreational Skate</b> (coordinated by athlete and parents) <input type="checkbox"/> Athlete was successful without return of symptoms				Not required		
<b>Stage 2: Skills Assessment</b> <input type="checkbox"/> Athlete was successful without return of symptoms				Not required		

\*Please be aware that any reoccurrence of the athlete's symptoms at any stage of the return to play protocol will require immediate withdrawal from the process and referral back to that athlete's medical practitioner. Once given medical clearance, the athlete will then be allowed to begin the return to play protocol, beginning at the stage recommended by their physician.

\*\*There must be a minimum 24 hour rest period between each stage of the return to play protocol