A close up of a logo

Description automatically generated

Medical Clearance Form (Non-Concussion)

Patient Name: Date:

Patient Injury/Illness:

My patient is now cleared to participate in contact hockey.

Clearance Date:

Please list any concerns or restrictions:

Physician Details:

Name/Specialty:

Phone #:

Address:

Signature: Date:

Attn:

***Brooke Sampert***

*Head Trainer – Maple Leaf’s Athletic Club*

[*Headtrainer@mlac.net*](mailto:Headtrainer@mlac.net) *or 780-289-9806*