



Return to Play Form

This form is to be given to any player after any injury (game, practice, off-ice) in which a concussion is suspected.

Dear Physician:

Thank you for seeing our player. Your assessment is critical to the safe recovery of our player. OMHA 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 concussion criteria to either Return to Play or to proceed with more supervised concussion management.

- Please complete SECTION 1 below.
- Please complete SECTION 2 only if player has sustained concussion.

SECTION 1

After assessment, it is my impression that the player is medically able to return to play without restrictions.

Supervised concussion management prior to Return to Play. SECTION 2 should be completed as player rehabilitates.

Name of Physician: _____

Signature of Physician: _____ Date: _____

SECTION 2 – to be completed by a health care provider

1. FOLLOW-UP & Rehabilitation Plan <input type="checkbox"/> Player has had follow-up assessment/testing with health care provided trained in concussion management. An individual rehabilitation plan has been recommended/implemented to support recovery. Date completed: _____
2. Rehabilitation Plan Completed <input type="checkbox"/> Athlete completed all necessary clinical rehabilitation requirements and is discharged to Physician for further Return to Play recommendations (<i>refer to Concussion Return to Play Procedure</i>) Date completed: _____
3. FINAL PHYSICIAN CLEARANCE <input type="checkbox"/> After final assessment, it is my impression that medically the player is able to return to play without any restrictions. Date Submitted to Safety Coach: _____
4. Form Submission to OMHA and HeadCheck (<i>Bantam/Midget Divisions</i>) <input type="checkbox"/> Player has returned completed Clearance Form to Safety Coach/Trainer. Date Submitted to Safety Director: _____