



Coaldale Minor Hockey Association

Return to Play Form- Concussion

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

Player Name: _____ Date: _____

Dear Physician:

Thank you for seeing our player. Your assessment is critical to the safe recovery of our player. CMHA 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 with 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 and is unable to return to play after 1 week

SECTION 1

- After assessment, it is my impression that the player is medically able to return to play without restrictions.
- After assessment, it is my impression that the player is medically not able to return to play and require further supervised management prior to returning to play.

SECTION 2 should be completed as the athlete rehabilitates.

Supervised concussion management prior to Return to Play.

Name of Physician: _____

Signature of Physician: _____

Date: _____

SECTION 2 - to be completed by a healthcare provider

1. FOLLOW-UP & Rehabilitation Plan

- Player has had follow-up assessment/testing with health care provider trained in concussion management. An individual rehabilitation plan has been recommended/implemented to support recovery.

Date completed: _____

Initials: _____

2. Rehabilitation Plan Completed

- Athlete completed all necessary clinical rehabilitation requirements and is discharged to Physician for further Return to Play recommendations (*refer to Concussion Return to Play Procedure*)

Date completed: _____

Initials: _____

3. FINAL PHYSICIAN CLEARANCE

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

Signature of Physician: _____

Date Submitted to Safety Coach: _____

Initials: _____

4. Form Submission to CMHA

- Player has returned completed Clearance Form to Safety Coach/Trainer.

Date Submitted to Safety Director: _____

Initials: _____