**Medical Clearance Letter**

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

**Athlete Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This athlete has been followed by me for a concussive injury. I have monitored the athlete’s progression through the Return to School and Return to Sport Strategies as outlined in the Canadian Guideline on Concussion in Sports. As per the Guideline, clearance by a medical doctor or nurse practitioner is required before the athlete can return to any activity with significant risk of recurrent head injury.

In my opinion, the athlete is now ready to return to:

**☐ Full-contact practice (including gym class activities with risk of contact and head impact, e.g. soccer, dodgeball, basketball)**

**☐ Full game play**

Other Comments:

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**Signature/print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**M.D. / N.P (circle the appropriate designation)\***

**Freestyle Canada greatly appreciates your assistance in completing these form(s).**

**\* In rural or northern regions, the Medical Clearance Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not be otherwise accepted**.