

Athlete Return to Physical Activity Clearance

I have examined the athlete named below and have determined that he/she does NOT have a concussion and has no symptoms of concussion. Therefore I am clearing him/her to return to practice and/or competition.

Athlete Name: _____

Date/Time _____

Health Care Provider Signature _____

Athlete Return to Physical Activity Clearance

I have examined the athlete named below and confirmed that he/she has no concussion symptoms, is off medication used to treat concussion symptoms, and has returned to full academics without problems. Therefore I am clearing him/her to return to practice and/or competition as directed.

Athlete Name: _____

Date/Time _____

Health Care Provider Signature _____