

Documentation for Return to Physical Activity

Step 5 – Return to Physical Activity - Practices

Player may resume regular physical activities in non-contact sports and full training/practices for contact sports.

Approval to Return to Practice

I, _____ have examined _____
(medical doctor/nurse practitioner) (player name)
and confirm he/she continues to be symptom free and is able to return to regular physical activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: _____

Date: _____

Comments: _____

Step 6 – Return to Physical Activity - Games

Player may resume full participation in contact sports with no restrictions.