



MEDICAL CLEARANCE TO RETURN TO PLAY AFTER SUSPECTED CONCUSSION

The State of Ohio requires that a youth athlete, who has been removed from physical participation in an athletic activity, shall not return to physical activity until he or she has been evaluated by a licensed health care professional (LHCP) and receives written clearance from that LHCP authorizing the youth athlete's return to physical participation in the athletic activity. **This form is to be used after an athlete has been removed from an athletic activity due to a suspected concussion.**

Youth Athlete Name: _____ DOB: ____ / ____ / ____.

School/Organization: _____ Date of Injury: ____ / ____ / ____.

For the concussed athlete, medical clearance will only be provided with completion of a graduated return to play plan. The youth athlete must be completely symptom free and meet criteria for returning to play as defined in the approved guidelines.¹

Date youth athlete completed graduated return to play without recurrent symptoms: ____ / ____ / ____.

I HEREBY AUTHORIZE THE ABOVE NAMED YOUTH ATHLETE FOR RETURN TO PLAY TO YOUTH SPORTS ACTIVITY

Licensed Health Care Professional signature: _____ . Date: ____ / ____ / ____.

Print Name: _____.

Check one MD/DO DACNB/DACBSP/CCSP* Other: _____.

Address: _____.

Name of MD/DO providing consultation/coordination/supervision/referral (if not person completing this form; please print): _____.

¹Guidelines refer to the most recent Consensus Statement on Concussion in Sport (currently the 4th International Conference on Concussion in Sport held in Zurich, November 2012) or with nationally accepted standards and guidelines consistent with that statement.

*Physicians (M.D. or D.O.) and Diplomates in either Chiropractic Neurology or Chiropractic Sports Medicine and Certified Chiropractic Sports Physicians who are listed in the American Chiropractic Board of Sports Physicians (ACBSP) Concussion Registry meet the recommended standards of care and are able to independently clear youth athletes to return to play.

This form may be reproduced and can be found on the Ohio Department of Health's website at:
<http://www.healthy.ohio.gov/vipp/concussion.aspx>