



## **TSSSA Return to Play Form: (Cardiac)**

This release is to certify that \_\_\_\_\_ has been examined due to  
**(Athlete's name)**  
exhibiting the signs or symptoms consistent with sudden cardiac arrest. Following an examination, it is my  
medical opinion that he/she

\_\_\_\_ **Is unable to return to participation in athletics until further notice**

Return appointment scheduled on: \_\_\_\_\_  
(Date)

\_\_\_\_ **May return to limited participation in athletics on** \_\_\_\_\_  
(Date)

\_\_\_\_ **Following return to limited participation this student needs to return for re-evaluation before being  
released for full participation in athletics.**

\_\_\_\_ **May return to full participation in athletics on** \_\_\_\_\_  
(Date)

**Restrictions:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Health Care Provider's Name (Type or Print)** **Date**

\_\_\_\_\_  
**Health Care Provider's Signature** **Date**

*A copy of this document should be provided to the club/association for which the stated athlete plays and  
the governing body of Tennessee State Soccer Association. It may be mailed, emails, or faxed according to  
the information below.*

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