



**MEDICAL CLEARANCE TO RETURN TO PLAY**

The State of Michigan 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 an appropriate health professional and receives written clearance<sup>1</sup> from that health professional 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<sup>2</sup>.**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature and extent of injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical clearance should only be provided after a graduated return to play plan<sup>3</sup> has been completed and the student has been symptom free at all stages. **The student must be completely symptom free at rest and during exertion prior to returning to full participation in physical activity.**

If concussion diagnosed, date student completed graduated return to play plan without recurrent symptoms: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Health Professional Name: \_\_\_\_\_ Title: \_\_\_\_\_

*Note: An “Appropriate health professional” means a health professional who is licensed or otherwise authorized to engage in a health profession and whose scope of practice within that health profession includes the recognition, treatment, and management of concussions.*

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT TO RETURN TO ATHLETIC ACTIVITY FOR FULL PARTICIPATION WITHOUT RESTRICTION.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<sup>1</sup> The organizing entity shall maintain this written clearance in a permanent file for the duration of that youth athlete’s participation in athletic activity sponsored by or operated under the auspices of that organizing entity or until the youth athlete is 18 years of age.

<sup>2</sup> A “Concussion” is a type of traumatic brain injury as recognized by the Centers for Disease Control and Prevention. A concussion may cause a change in a person’s mental status at the time of the injury including, but not limited to feeling dazed, disoriented, or confused, and may or may not include a loss of consciousness. A concussion may be caused by any type of accident or injury including, but not limited to the following: a fall, blow, bump or jolt to the head or body, the shaking or spinning of the head or body, or the acceleration and deceleration of the head.

<sup>3</sup> Return to play guidelines may be found at: [http://www.cdc.gov/concussion/headsup/return\\_to\\_play.html](http://www.cdc.gov/concussion/headsup/return_to_play.html) and should only be administered by an appropriate health professional.