



Loudoun Soccer Concussion Return to Play Form

Medical providers are encouraged to review the [CDC website on return to play following concussion](#) if they have questions regarding the latest information on the evaluation and care of the athlete following a concussion injury.

Player Name: _____ Player DoB: ____/____/____

Date of Injury: ____/____/____ Date of Evaluation: ____/____/____

- CLEARANCE TO PLAY. This player is cleared for full participation in all activities. Return of symptoms should result in re-evaluation by a physician for assessment.

Healthcare Provider Information

Evaluator Name: _____ Phone: _____

Evaluator Signature: _____

Evaluator Address: _____

To return to play, return this note (or a similar doctor's note on letterhead) to Loudoun Soccer, ATTN: Concussion Management, 19798 Sycolin Road, Leesburg, VA 20175, or email to concussion@loudounsoccer.com.



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