



Return-to-Play Verification

Verification that it is safe for _____ to return to practice or competition.

On the _____ day of _____, 20____, the undersigned licensed physician or licensed healthcare provider acting in accordance with O.R.C. § 3707.511(E)(b)(2) may safely return to practice and/or competition for the concussion or possible concussion that occurred on the _____ day of _____, 20____.

Physician/Licensed Healthcare Provider