

Documentation for Return to Physical Activity

Step 6 – Return to Physical Activity - Games

Player may resume full participation in contact sports with no restrictions.

Approval to Return to Game Play

I, _____ have examined _____
(medical doctor/nurse practitioner) (player name)
and confirm he/she continues to be symptom free and is able to return to regular
physical activities (game play) in contact sports and full training/practices for
contact sports.

Medical Doctor/Nurse Practitioner Signature: _____

Date: _____

Comments: _____
