

Appendix B

Return to Physical Activity - Non-Concussion Medical Illnesses/Injuries

This form is to be completed by parent/guardians and returned to the principal/designate for any athlete who has missed a practice or game due to an injury or illness requiring professional medical attention (e.g. medical doctor, nurse practitioner, chiropractor, physiotherapist).

Name of Athlete: _____

Coach: _____

As a result of my child's/ward's injury/illness (_____),
medical attention by a (*check one*):

- medical doctor
- nurse practitioner
- other medical specialist: _____

has been assessed with the following results (check appropriate box(es)):

Results of Medical Examination

- No limiting features of the injury/illness have been observed and therefore he/she may resume full participation in physical activity with no restrictions.
- Some features of the injury/illness remain which limit the ability to participate without restrictions. My child/ward may participate in physical activity following the accommodations to his/her physical activities listed below. (Accommodations must be provided prior to any physical activity taking place.)
- A diagnosis that the injury/illness will prevent my son/daughter from participating in physical activity until further notice was received.
- Refer to comments below and/or attached information.

Parent/Guardian signature: _____ Date: _____

Comments:
