

Medical Clearance to Return to Play After Suspected Concussion

The State of Ohio requires that a youth athlete, who has been removed from physical participation in an athletic activity, shall not return to physical activity until they have been evaluated by a licensed health care professional (LHCP) and receives written clearance from that LHCP 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.

Youth Athlete Name:	DOB:/
School / Organization:	Date of Injury: <u>/</u>
For the concussed athlete, medical clearance will or graduated return-to-play plan. The youth athlete mu criteria for returning to play as defined in the appro	ist be completely symptom free and meet
Date youth athlete completed graduated return-to-play without recurrent symptoms://	
I Hereby Authorize the Above-Named Youth Athlete for	Return to Play to Youth Sports Activity.
Licensed Health Care Professional signature:	. Date:/
Print Name:	<u>.</u>
Check One: \Box MD / DO \Box DACNB / DACBSP	/CCSP/*Other:
Address:	
Name of MD / DO providing consultation / coordinate (if not the person completing this form, please print):	•
1: Guidelines refer to the most recent Consensus Statement Concussion Concussion in Sport held in Zurich, November 2012) or with national	

Concussion in Sport held in Zurich, November 2012) or with nationally accepted standards and guidelines consistent with that statement.

*Physicians (M.D. or D.O.) and Diplomates in either Chiropractic Neurology or Chiropractic Sports Medicine and Certified Chiropractic Sports Physicians who are listed in the American Chiropractic Board of Sports Physicians (ACBSP) Concussion Registry meet the recommended standards of care and can independently clear youth athletes to return to play.

This form may be produced and can be found on the Ohio Department of Health website at: http://www.odh.ohio.gov/concussion