

Champlin Park Youth Hockey Association

Physicians Report

Return to Play Permission

Player Name _____

Date of Birth _____

Physicians Name _____

Clinic Name and Phone number _____

Please check the appropriate response as it relates to the player.

The above player is free from signs and symptoms of a concussion and is allowed to return to play without restrictions.

The above player is 100% sign and symptom free after suffering a concussion. This player is allowed to return to play without restrictions.

If the player completed the ImPACT test, those results are attached and are within the margin of error of their baseline results to suggest that they are symptom free.

The above player is not ready to return to play. The player is still showing signs and symptoms of a concussion.

If the player completed the ImPACT test, those results are not within the margin of error to their baseline to suggest the player is not symptom free.

Physician Signature _____

Date _____

Parent Signature _____

Date _____