



Medical Clearance Letter

Name of Athlete: _____ Date: _____

To whom it may concern,

Athletes who are diagnosed with a concussion should be managed according to the Canadian Guideline on Concussion in Sport. Accordingly, the above athlete has been medically cleared to participate in the following activities as tolerated effective the date stated above (please check all that apply):

- Symptom-limiting activity (cognitive and physical activities that don't provoke symptoms)
- Light aerobic activity (Walking or stationary cycling at slow to medium pace. No resistance training)
- Sport-specific exercise (Running or swimming drills. No head impact activities)
- Non-contact practice (Harder training drills, e.g. diving drills. May start progressive resistance training. Including gym class activities without a risk of contact, e.g. tennis, running, swimming)
- Full-contact practice (diving from boards, including gym class activities with risk of contact and head impact, e.g. soccer, dodgeball, basketball)
- Full game play

What if symptoms recur? Any athlete who has been cleared for physical activities, gym class or non-contact practice, and who has a recurrence of symptoms, should immediately remove himself or herself from the activity and inform the teacher or coach. If the symptoms subside, the athlete may continue to participate in these activities as tolerated.

Athletes who have been cleared for full contact practice or game play must be able to participate in full-time school (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including non-contact practice) without symptom recurrence. Any athlete who has been cleared for full-contact practice or full game play and has a recurrence of symptoms, should immediately remove himself or herself from play, inform their teacher or coach, and undergo Medical Assessment by a medical doctor or nurse practitioner before returning to full-contact practice or games.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*.

Other Comments:

Thank-you very much in advance for your understanding.

Signature/print _____ M.D. / N.P. (circle appropriate designation)*

**In rural or northern regions, the Medical Assessment Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*