



BURLINGTON YOUTH SOCCER CLUB

Medical Assessment / Medical Clearance Letter



Following an observed injury to the head on _____ (date),
 _____ (name of athlete) was noted to have at least 1 sign or symptom of
 concussion, as identified through the use of the Concussion Recognition Tool 5 (CRT5). As advised in the CRT5, the
 athlete was removed from play and now requires a medical evaluation prior to returning to sport. An athlete must not
 return to sport if he/she has any signs or symptoms of a concussion. Returning to sport is a gradual process and the
 athlete must follow physician's instructions prior to returning to practices / games.

A. Medical Assessment Following Suspected Concussion - Clearance will only accepted from a **Medical Doctor** or **Nurse Practitioner**, in accordance with the Canadian Guideline on Concussion in Sport.

No concussion – Athlete may return to school and sport without restrictions

Physician/Nurse Practitioner Name (print): _____ MD NP
 Signature: _____ Phone #: _____ Date: _____
 Additional Instructions: _____

Concussion – No activity, complete rest for initial 24-48 hours, then proceed to Step 1 until symptom-free

Physician/Nurse Practitioner Name (print): _____ MD NP
 Signature: _____ Phone #: _____ Date: _____
 Additional Instructions: _____

Once the athlete is **completely symptom-free**, he/she must follow the 6-step Return to Play Guidelines as published by the 2017 Concussion in Sport Group (CISG) consensus statement, including obtaining **medical clearance** prior to initiating Step 5, as outlined below. **NOTE: Each step must take a minimum of 24 hours**; if any symptoms come back at any step, the athlete must **STOP** the activity immediately, rest at least 24 hours, resume activity at the previous step.

Step 1: Daily activities that do not cause or worsen symptoms

Symptom-free for 24 hours?

Yes: Proceed to Step 2

No: Remain at Step 1

Step 2: Light aerobic exercise, such as walking or stationary cycling

Symptom-free for 24 hours?

Yes: Proceed to Step 3

No: Return to Step 2

Step 3: Sport-specific activities (e.g. running); no resistance training; NO CONTACT.

Symptom-free for 24 hours?

Yes: Proceed to Step 4

No: Return to Step 2

Step 4: Full on-field practice such as passing / shooting drills and other activities with NO CONTACT (i.e. scrimmage); may start progressive resistance training.

Symptom-free for 24 hours?

Yes: Proceed to Step 5

No: Return to Step 3

B. Medical Clearance Following Diagnosed Concussion - Clearance by **Medical Doctor** or **Nurse Practitioner** is required prior to Step 5 – on-field practice with contact (minimum 5 days post-injury); no other source will be accepted, in accordance with the Canadian Guideline on Concussion in Sport.

Athlete is medically cleared to return to full contact play

Physician/Nurse Practitioner Name (print): _____ MD NP
 Signature: _____ Phone #: _____ Date: _____
 Additional Instructions: _____