



## Medical Clearance Letter



Date:

Athlete's Name:

To whom it may concern,

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 limited 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 skating drills. No head impact activities)

Non-contact practice (Harder training drills, e.g. passing drills. May start progressive resistance training. Including gym class activities without a risk of contact, e.g. tennis, running, swimming)

Full contact practice (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 further evaluation by a licensed healthcare provider before returning to full-contact practice or games.

**Other Comments:**

Thank you very much in advance for your understanding.

Yours Sincerely,

NAME OF PROFESSIONAL

**Credentials (please circle) MD / NP / DC / PT / AT**