

MEDICAL CLEARANCE

RETURN TO PLAY FORM



PLAYER DETAILS	NAME
D.O.B. / /	CLUB

The player (or parent/guardian on behalf of their child) must complete this declaration and take the form to a doctor for a medical clearance. The player can only return to full-contact training or playing Australian Football once they have been cleared. The player (or parent/guardian) must return the completed and signed form to the club, who may keep a copy and provide it to the league, if requested.


PLAYER DECLARATION

I (or my child, if applicable) sustained a concussion on _____ / ____ / ____

I (or my child, if applicable) have successfully returned to school/study/work without any issues.

I (or my child) have progressed through all of the stages of the AFL Graded Return to Play (Stage 1: Relative Rest, Stage 2: Recovery and Stage 3: Graded Loading Program) and have had no symptoms since entering the Graded Loading Program.

PLAYER SIGNATURE

 Or parent/guardian if player 18 or under

DATE _____ / ____ / ____

MEDICAL PRACTITIONER DECLARATION

I assessed _____ (player) on _____ / ____ / ____

Based on the information provided to me, and my clinical assessment, I can confirm that the player has recovered from their concussion (including full resolution of concussion-related symptoms and signs, return to work/study) and has completed a graded loading program without any recurrence of symptoms or signs.

I understand that the earliest that a player can return to play (following successful completion of a graded loading program and with medical clearance) is on the 21st day after a concussion, where the day of concussion is designated day "0".

I understand that a more conservative approach and specialist review may be required in the following:

- A second concussion within the same season (or three concussions within the previous 12 months),
- An apparent lower or reducing threshold for concussion (whereby the player appears to sustain a concussion or increasing symptoms with reduced force of head impact),
- Failure to progress through their return-to-play program due to a recurrence or persistence of symptoms, or
- Self-reported concerns with brain function.


In my opinion, the player is now medically fit to return to full-contact training.

If they complete full-contact training without any issues or concussion symptoms, they can return to playing Australian Football.

DOCTOR NAME

PROVIDER #

SIGNATURE



DATE _____ / ____ / ____