

Appendix B

**SPORTS CONCUSSION
PHYSICIAN CLEARANCE FOR RETURN TO PLAY FORM**

Student-athlete _____ has been under my care for the treatment of a concussion sustained on _____.

I have examined the student-athlete and have determined that he/she may return to sports without restriction based on the following findings:

- ___ Normal neurological examination.
- ___ Complete resolution of all concussion-related symptoms.
- ___ Successful completion of the graduated exercise return to play protocol as outlined on the back of this form.

Physician's name

Physician's signature

Date