

statement.



Medical Clearance To Return To Play After Suspected Concussion

The State of Ohio requires that a youth athlete, who has been removed from physical participation in an athletic activity, shall not return to physical activity until he or she has been evaluated by a licensed healthcare professional (LHCP) and receives written clearance from that LHCP authorizing the youth athlete's return to physical participation in the athletic activity. This form is to be used after an athlete has been removed from an athletic activity due to a suspected concussion.

Youth Athlete Name	Date of Birth
School / Organization	Date of Injury
For the concussed athlete, medical clearance will only b	pe provided with completion of a graduated return to play
plan. The youth athlete must be completely symptom frapproved guidelines. ¹	ree and meet criteria for returning to play as defined in the
Date youth athlete completed graduated return to play	y without recurrent symptoms://
	LETE FOR RETURN TO PLAY TO YOUTH SPORTS ACTIVITY Check One: MD/DO DACNB/DACBSP
I HEREBY AUTHORIZE THE ABOVE-NAMED YOUTH ATHI	
	Check One: ☐ MD/DO ☐ DACNB/DACBSP
Licensed Healthcare Professional Name (PRINT) Licensed Healthcare Professional Signature	Check One: MD/DO DACNB/DACBSP Other
Licensed Healthcare Professional Name (PRINT)	Check One: MD/DO DACNB/DACBSP Other Date

*Physicians (M.D. or D.O.) and Diplomates in either Chiropractic Neurology or Chiropractic Sports Medicine and Certified Chiropractic Sports Physicians who are listed in the American Chiropractic Board of Sports Physicians (ACBSP) Concussion Registry meet the recommended standards of care and are able to independently clear youth athletes to return to play.

Form may be reproduced and can be found on the Ohio Department of Health's website at: www.healthy.ohio.gov/vipp/concussion.aspx