

## NSGSC Medical Clearance Letter

Date: \_\_\_\_\_

Athlete's name: \_\_\_\_\_

To whom it may concern,

Athletes who are diagnosed with a concussion or other serious injury should be managed according to *BC Soccer Concussion Policy*. Accordingly, 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-limiting 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 activities without a risk of contact, e.g. running, swimming.)**
- Full-contact practice (Including activities with risk of contact and head impact, e.g. soccer, basketball)**
- Full game play**

**What if symptoms recur?** Any athlete who has been cleared for physical activities or non-contact practice, and who has a recurrence of symptoms, should immediately remove herself from the activity and inform the 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 herself from play, inform their teacher or coach, and undergo Medical Assessment by a medical doctor or nurse practitioner before returning to full-contact practice or games.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the *BC Soccer Concussion Policy*.

Other comments:

\_\_\_\_\_  
\_\_\_\_\_

Yours Sincerely,

Signature/Printed Name \_\_\_\_\_ M.D. / N.P. (circle appropriate designation)\*

*\*M.D. = medical doctor, N.P = nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*