



North Carolina High School Athletic Association

222 Finley Golf Course Road
Chapel Hill, NC 27515

Phone: (919) 240-7401

FAX: (919) 240-7399

Email: www.nchsaa.org

RETURN TO PLAY FORM: CONCUSSION MEDICAL CLEARANCE RELEASING THE STUDENT-ATHLETE TO RETURN TO ATHLETIC PARTICIPATION

Name of Athlete: _____ Sport: _____ Male/Female

Date of Injury: _____ Date Concussion Diagnosed: _____ Date Symptom Free: _____

This is to certify that _____ (insert name of athlete) has been examined due to exhibiting the signs, symptoms, and behaviors consistent with a concussion. I attest that the above named student-athlete is now completely free of previously documented clinical signs, symptoms, and behaviors while at rest and with both full cognitive and full exertional stress. The student-athlete has, additionally, completed the NCHSAA Concussion Return to Play Protocol through stage 4. By signing below, I do, therefore, release the above named student-athlete to progress through Stage 5, and if symptom free may advance to Stage 6 resuming full athletic participation.

Signature of Physician Licensed to Practice Medicine MD or DO (Please Circle)
Physician signing this form is licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management

Date: _____

Please Print Name

Office Address: _____ Phone Number _____

This form should be provided to the appropriate school personnel when it is completed and signed by the Licensed Physician.