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| **Form 403 JCUSA Sport Medical Clearance Form**  **Return to Play – Contact Sports/Games/Competitions** | |
| **Instructions:**  This form is to be completed by a player’s **independent medical doctor** to ensure that the player does not have any medical or physical condition which may endanger or limit a person’s participation in returning to physical activity safely. Note - independent is defined as not being a family relative of the player.  This form is mandatory for players who have sustained a concussion, head trauma or other severe medical incident/s such as asthma, heat injury, seizures/fits and musculoskeletal.  JCUSA does not provide a graduated return to play program as JCUSAs position is to only allow players to return when they are deemed medically fit to return to play at a competition/game level. | |
| My patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_would like to return to playing the  **(insert patients first and last name)**  following sport/s facilitated by James Cook University Student Association (JCUSA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **insert the name of the sport/s above)** | |
| **Concussion (if applicable):**  Based upon an examination and evidence presented to me I can confirm that the patient is free of any concussion symptoms and is fully recovered from the concussion.  This patient has recovered from concussion and has no lingering concussion symptoms and is able to return to sports that may include a player colliding with   * another player; * a piece of equipment; or * the ground.   Drs Initial: \_\_\_\_\_\_\_\_\_\_\_ | |
| **Disclaimer:**  I have informed the patient of the risks associated with returning to play contact sport/games/competitions for the above documented sport/s and the patient has been fully informed of any potential consequences to their health and life.  I have also informed the patient that if there is a recurrence of symptoms or if new symptoms appear, they must immediately remove themselves from play, inform a JCUSA Sport and Recreation contact and if applicable, their coach, and return to see an independent medical doctor before returning to physical activity.  After discussing their medical history and/or condition/s with me, I deem that the patient is medically fit to partake in the above-mentioned sport/s. | |
| Name: | Signature: |
| Date: | Phone no: |
| Name of Medical Practice: | |