



BURLINGTON GIRLS HOCKEY CLUB

Medical Assessment / Medical Clearance Letter

Following an observed injury to the head on _____ (date),
_____ (name of athlete) was noted to have at least 1 sign or symptom of
concussion, as identified through the use of the Concussion Recognition Tool 5 (CRT5). As advised in the CRT5, the
athlete was removed from play and now **requires a medical evaluation prior to returning to sport**. Athlete must not
return to sport if she has any signs or symptoms of a concussion. Returning to sport is a gradual process and the athlete
must follow physician's instructions prior to returning to practices / games. Parents please send completed form to
equipsafety@bghc.ca promptly following the medical assessment.

A. Medical Assessment Following Suspected Concussion - Clearance will only accepted from a **Medical Doctor** or **Nurse Practitioner**, in accordance with the Canadian Guideline on Concussion in Sport.

☐ **No concussion – Athlete may return to school and sport without restrictions**

Physician/Nurse Practitioner Name (print): _____ ☐ MD ☐ NP
Signature: _____ Phone #: _____ Date: _____
Additional Instructions: _____

☐ **Concussion – No activity, complete rest for initial 24-48 hours, then proceed to Step 1 until symptom-free**

Physician/Nurse Practitioner Name (print): _____ ☐ MD ☐ NP
Signature: _____ Phone #: _____ Date: _____
Additional Instructions: _____

Once athlete is **completely symptom-free**, she must follow the 6-step Return to Play Guidelines as published by the
2017 Concussion in Sport Group (CISG) consensus statement, including obtaining **medical clearance** prior to initiating
Step 5, as outlined below. **NOTE: Each step must take a minimum of 24 hours**; if any symptoms come back at any step,
athlete must **STOP** the activity immediately, rest at least 24 hours, resume activity at the previous step.

Step 1: Daily activities that do not cause or worsen symptoms

Symptom-free for 24 hours?

Yes: Proceed to Step 2

No: Remain at Step 1

Step 2: Light aerobic exercise, such as walking or stationary cycling

Symptom-free for 24 hours?

Yes: Proceed to Step 3

No: Return to Step 2

Step 3: Sport-specific activities (e.g. running; skating drills with a teammate); no resistance training; NO CONTACT.

Symptom-free for 24 hours?

Yes: Proceed to Step 4

No: Return to Step 2

Step 4: Full on-ice practice such as passing drills, shooting drills (except for goalies) and other activities with NO
CONTACT (i.e. no scrimmage); may start progressive resistance training.

Symptom-free for 24 hours?

Yes: Proceed to Step 5

No: Return to Step 3

B. Medical Clearance Following Diagnosed Concussion - Clearance by **Medical Doctor** or **Nurse Practitioner** is required prior to Step 5 – on-ice practice with contact; no other source will be accepted, in accordance
with the Canadian Guideline on Concussion in Sport.

☐ **Athlete is medically cleared to return to full contact play**

Physician/Nurse Practitioner Name (print): _____ ☐ MD ☐ NP
Signature: _____ Phone #: _____ Date: _____
Additional Instructions: _____