



**MEDICAL CLEARANCE: CONCUSSION – RETURN TO FULL ATHLETIC ACTIVITY**

The State of Michigan requires that all youth athletes removed from physical participation in an athletic activity because of a suspected concussion<sup>1</sup> must undergo a medical evaluation by an appropriate health professional, and must receive written clearance<sup>2</sup> before returning to full physical participation in an athletic activity. **(Public Acts 342 and 343 of 2012)**

**This form may be used to document medical clearance to return to full athletic activity after a concussion or suspected concussion.**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

School/Organization: \_\_\_\_\_ Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

Before clearing an athlete to return to full unrestricted physical participation in athletic activity after a concussion, the health professional should verify that the athlete has:

- A. Has returned to full activities of daily living.
- B. Has returned to performing their regular school activities.
- C. Has completed a graduated exertional protocol and sport specific drills.

*If an athlete that has been released to return to full athletic participation experiences a return of symptoms, please be advised that the athlete should be re-evaluated by an appropriate health professional. This is important to ensure the safety and well-being of the athlete.*

**I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT TO RETURN TO FULL ATHLETIC ACTIVITY WITHOUT RESTRICTION.**

Print Health Professional Name: \_\_\_\_\_ Title: \_\_\_\_\_

*Note: An "Appropriate health professional" means a health professional who is licensed or otherwise authorized to engage in a health profession and whose scope of practice within that health profession includes the recognition, treatment, and management of concussions.*

Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<sup>1</sup> A "Concussion" is a type of traumatic brain injury as recognized by the Centers for Disease Control and Prevention. A concussion may cause a change in a person's mental status at the time of the injury including, but not limited to feeling dazed, disoriented, or confused, and may or may not include a loss of consciousness. A concussion may be caused by any type of accident or injury including, but not limited to the following: a fall, blow, bump or jolt to the head or body, the shaking or spinning of the head or body, or the acceleration and deceleration of the head.

<sup>2</sup> The organizing entity shall maintain this written clearance in a permanent file for the duration of that youth athlete's participation in athletic activity sponsored by or operated under the auspices of that organizing entity or until the youth athlete is 18 years of age.