

APPENDIX 3.

MEDICAL CLEARANCE FORM

RETURN TO PLAY CLEARANCE FORM



PLAYER DETAILS

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| PLAYER NAME |
| PLAYER DOB |
| CLUB |

The player (or parent / guardian on behalf of their child) must complete the declaration and take the form to a medical doctor to receive medical clearance before returning to full contact training or playing Australian Football.

The player (or parent / guardian on behalf of their child) must return the completed and signed form to their club, who may retain a copy and provide it to the league if requested.

PLAYER DECLARATION

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| I (or my child if applicable) sustained a concussion on / / |
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I (or my child if applicable) have successfully returned to school/study/work (if applicable) without any issues.

I (or my child if applicable) have progressed through all of the stages of the AFL Concussion Management Protocol (i.e. 1. Relative Rest, 2. Recovery and 3. Graded Loading Program) and have had no symptoms since entering the Graded Loading Program.

| | |
|-------------------------|-------------|
| PLAYER SIGNATURE | DATE |
|-------------------------|-------------|

(or parent / guardian if Player 18 or under)

MEDICAL PRACTITIONER CERTIFICATION

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| I assessed (player) on / / |
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Based on the information provided to me, and my clinical assessment, I can confirm that the player has recovered from their concussion (including full resolution of concussion-related symptoms and signs, return to work/study) and has completed a graded loading program without any recurrence of symptoms or signs.

I understand that the earliest that a player can return to play (following successful completion of a graded loading program and with medical clearance) is on the 21st day after a concussion, where the day of concussion is designated day "0".

I understand that a more conservative approach and specialist review may be required in the following:

- i. A second concussion within the same season (or three concussions within the previous 12 months),
- ii. An apparent lower or reducing threshold for concussion (whereby the player appears to sustain a concussion or increasing symptoms with reduced force of head impact),
- iii. Failure to progress through their return-to-play program due to a recurrence or persistence of symptoms, or
- iv. Self-reported concerns with brain function.

In my opinion, the player is now medically fit to return to full contact training. If they complete full contact training without any issues or concussion symptoms, they can return to playing Australian Football

| | |
|--------------------|-------------------|
| SIGNATURE | DATE |
| DOCTOR NAME | PROVIDER # |