



Medical Clearance to Return to Play After Suspected Concussion

The State of Ohio, [Ohio Revised Code 3313.539](#), requires that a youth athlete, who has been removed from physical participation in an athletic activity, shall not return to physical activity (also referred to as return to play) until they have been evaluated by an appropriate licensed health care professional (LHCP) and receives written clearance from that LHCP authorizing the youth athlete's return to physical participation in the athletic activity, in accordance with the Ohio Revised Code and Ohio Administrative Code. This form is to be used to provide medical clearance to return to play after an athlete has been removed from an athletic activity due to a suspected concussion.

Youth Athlete Name: _____ **DOB:** ____/____/____.

School / Organization: _____ **Date of Injury:** ____/____/____.

For the concussed athlete, medical clearance will only be provided with completion of the Six-Step Return to Play Progression. Student athletes should complete full return to learn before unrestricted return to play as defined in the approved guidelines.¹

Date youth athlete completed the Six-Step Return to Play Progression: ____/____/____.

I hereby authorize the above-named youth athlete for return to play to youth sports activity, and that this assessment and clearance is within my scope of practice.

Licensed Health Care Professional Signature: _____ **Date:** ____/____/____.

Print Name: _____.

Check One: ☐ MD / DO ☐ *Other (please identify): _____.

Address: _____.

Name of MD / DO providing consultation / coordination / supervision / referral (if applicable): _____.

1: Guidelines refer to the most recent [Consensus Statement Concussion in Sport](#) (currently the 6th International Conference on Concussion in Sport held in Amsterdam, October 2022) or with nationally accepted standards and guidelines consistent with that statement.

*An "appropriate licensed health care professional" means a health professional who is licensed or otherwise authorized to engage in a health profession and whose scope of practice with that health profession includes the recognition, treatment, and management of concussions and is in accordance with the Ohio Revised Code and the Ohio Administrative Code.

This form may be reproduced and can be found on the Ohio Department of Health website at:
[Return to Play-Medical Clearance Form | Ohio Department of Health](#)