



**RETURN TO PLAY FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

The above noted patient is hereby medically cleared to return to hockey following

\_\_\_\_\_ (Injury) sustained on \_\_\_\_\_ (date).

\_\_\_ NO RESTRICTIONS

\_\_\_ RESTRICTIONS

DESCRIPTION OF RESTRICTIONS (AS REQUIRED)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physicians Name: (Print) \_\_\_\_\_

Physicians Signature: \_\_\_\_\_

Legal Guardian Name (Print): \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_

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