



## GMHA Concussion Passport

**Players Name:** \_\_\_\_\_

**Dear Physician,**

Thank you for seeing our athlete. Your assessment is critical to the safe recovery of our players.

GMHA has adopted a Return to Play Protocol for any athlete suspected of having a concussion.

**This form is given to player/parents after ANY injury in which a concussion is suspected or the trainer is unsure and want a medical opinion.**

A player is not allowed back on the ice until they have been cleared of a concussion by a medical doctor once the passport is given to a player.

### Physician Clearance

It is my opinion that medically, this player is able to return to play

**Physician Name:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

**Trainer is responsible to upload signed form into the GMHA Concussion Conclusion page.**

**Team:** \_\_\_\_\_ **Trainer** \_\_\_\_\_