



## UTM Concussion Return-to-Sport Form

This note signifies that (Athlete Name) \_\_\_\_\_:

- Did not sustain a concussion and is healthy to return to participation in sport.
  
- Has sustained a concussion and is required to complete the full concussion Return-to-Sport Protocol.
  
- Has completed the full concussion Return-to-Sport protocol and is cleared to return to full participation in sport without any limitations.

Further notes/instructions:

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Physician or Nurse Practitioner Signature: \_\_\_\_\_

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

Athlete Signature: \_\_\_\_\_

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

UTM Rehabilitation & Fitness Specialist Signature: \_\_\_\_\_

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