

“No Concussion” Form

Watertown Hockey Association (WHA)

This form is intended to document that a qualified healthcare provider (licensed, registered, certified or recognized by law in state of SD to provide medical treatment, & trained and experienced to evaluate concussions) has completed an examination of the youth athlete and has **ruled out** a concussion diagnosis.

***If a player has a concussion, this form does not pertain and the SDAHA Return to Competition, Practice, or Training Form should be used.

Athlete Name:

WHA Team:

Date of Injury:

The youth athlete:

has been examined by myself as a qualified healthcare provider as described above, and I have ruled out a concussion diagnosis. The player does not have a concussion and CAN RETURN to full practice and game activities effective on _____ (date).

has been examined by myself as a healthcare provider and I have ruled out a concussion diagnosis. The player does not have a concussion and CANNOT return to full practice or game activities at this time. The following instructions regarding such activities include (to include date/time frame): _____

Qualified Healthcare Provider Signature

Date

Parent/Guardian Signature

Date

*Directed signed form to Coach to forward to Risk Manager

1/8/19