



Physician Letter to League/Team (Concussion)

To Whom It May Concern:

Patient's Name: _____ DOB: _____

Date of Concussion Diagnosis by MD/DO: _____

Injury Status

- Has been diagnosed by a MD/DO with a concussion and is currently under our care. Medical follow-up evaluation is scheduled for (date): _____
- Was evaluated and did not have a concussion injury. There are no limitations on softball physical activity.

Physical Activity Status (Please mark all that apply)

- This athlete is not to participate in physical activity of any kind.**
- This athlete is not to participate in physical activities except for untimed, voluntary walking.
- This athlete may begin a graduated return to play progression (see Concussion Return to Play Protocol Form).
- This athlete has medical clearance for unrestricted athletic participation (Has successfully completed the Concussion Return to Play protocol).

Physician's (MD/DO) Signature: _____ Examination Date: _____

Physician's Stamp and Contact Information:

Parent/Legal Guardian's Acknowledgement Signature: _____ Date: _____