

PHYSICIAN LETTER TO BEL PASSI BASEBALL

To Whom It May Concern:

Patient Name: _____ DOB: _____

INJURY STATUS	Date of Concussion Diagnosis by MD/DO: _____
<input type="checkbox"/> Has been diagnosed by a MD/DO with a concussion and is currently under our care. Medical follow-up evaluation is scheduled for (date): _____	
<input type="checkbox"/> Was evaluated and did not have a concussion injury. There are no limitations on physical activity.	

PHYSICAL ACTIVITY STATUS (Please mark all that apply)
<input type="checkbox"/> This athlete is not to participate in physical activity of any kind.
<input type="checkbox"/> This athlete may begin a graduated return to play progression.
<input type="checkbox"/> This athlete has medical clearance for unrestricted athletic participation (Has completed the Concussion RTP Protocol).
Comments:

Physician (MD/DO) Signature: _____ Exam Date: _____

Physician Stamp and Contact Info:

Parent/Guardian Acknowledgement Signature: _____ Date: _____