



Dedicated to youth sports injury prevention, awareness and advocacy

JSMP SUSTAINING PARTNERS:

- Wolfson Children's Hospital
- Nemours Children's Specialty Care, Jacksonville
- Brooks Rehabilitation • Duval County Medical Society
- Duval County Public Schools



Post Injury Return to Participation

To be completed by ATC

School _____ Date _____

Athlete's Name _____ Date of Birth _____

Sport _____ Date of Injury _____

Assessment _____

For Concussion Injuries:

FHSAA AT18 form attached: Yes No

Athlete has completed baseline concussion testing: Yes No

Athlete's post injury concussion testing has returned to baseline levels: Yes No Not tested

Comments _____

To be completed by physician

Activity level after physician visit (circle one) Full Limited None

Instructions/comments _____

He/she may not participate in physical activity until ____/____/____.

He/she will be evaluated on ____/____/____.

Physician Name _____ Signature _____

Phone _____ E-mail (optional) _____