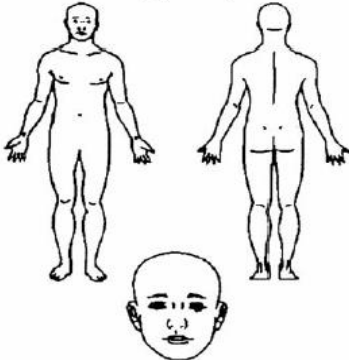


Baseball Injury Follow-up/Return to Play Form										
Name: _____		Club: _____		Division: _____		Team: _____				
Original Date of Reported Injury: / 20		Was Medical Treatment sought:		Yes		No	Has there been or anticipated to be time lost from school, work or similar:		Yes	No
Nature of Original Injury:		Type: (Circle)	Family Doctor	Medical Centre	Hospital	Other	If Yes to above question:		Weeks	Days
Tick or circle body part/s injured & name 		Specify Other: _____				Anticipated Time lost to Baseball:		Weeks	Days	
		Details of Diagnosis (including recovery and return to play):				Anticipated Return date to Baseball:	/ / 20			
		Use additional page (if required). Completed by: (Club Official) Name: _____ Date: / /20 Time: : hr				If a concussion, fracture or other significant injury has been sustained, a medical clearance will be required before return to training and play (including Club and/or Representative). Defined "significant injury" will be determined by the Junior Competition Committee.				
Medical Clearance Certificate Required:						Yes	No			
Parent/Guardian advised of Medical Clearance Requirement:						Yes	No			
Advised By: (Club Official)						Name: _____				
RETURN TO TRAIN / PLAY										
Medical Clearance Certificate sighted:		Yes	No							
Sighted By: (Club Official)		Name: _____								
Date Sighted:		/ / 20								
Final Comments:										
☐ abrasion/graze ☐ sprain eg ligament tear ☐ open wound/laceration/cut ☐ bruise/contusion ☐ inflammation/swelling ☐ fracture ☐ dislocation/subluxation ☐ strain eg muscle tear ☐ overuse injury to muscle or tendon ☐ blisters ☐ concussion ☐ cardiac problem ☐ respiratory problem ☐ loss of consciousness ☐ unspecified medical condition ☐ other _____										