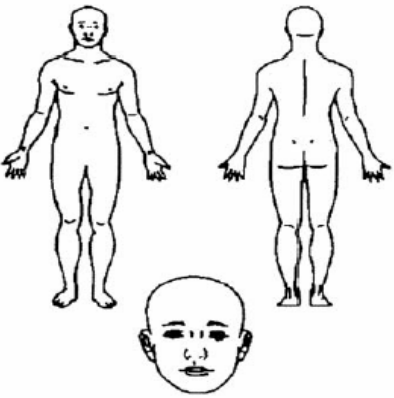


Baseball Injury Follow-up/Return to Play Form

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: Tick or circle body part/s injured & name <div style="text-align: center;">  </div>	Type: (Circle) Family Doctor Medical Centre Hospital Other				If Yes to above question:		Weeks	Days
	Specify Other:				Anticipated Time lost to Baseball:		Weeks	Days
	Details of Diagnosis (recovery and return to play): (including				Anticipated Return date to Baseball:	/ / 20		
<div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> abrasion/graze <input type="checkbox"/> sprain eg ligament tear <input type="checkbox"/> open wound/laceration/cut <input type="checkbox"/> bruise/contusion <input type="checkbox"/> inflammation/swelling <input type="checkbox"/> fracture <input type="checkbox"/> dislocation/subluxation <input type="checkbox"/> strain eg muscle tear <input type="checkbox"/> overuse injury to muscle or tendon <input type="checkbox"/> blisters <input type="checkbox"/> concussion <input type="checkbox"/> cardiac problem <input type="checkbox"/> respiratory problem <input type="checkbox"/> loss of consciousness <input type="checkbox"/> unspecified medical condition <input type="checkbox"/> other _____ </div> <div style="flex: 2; padding-left: 10px;"> <p>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).</p> <p>Defined "significant injury" will be determined by the Junior Competition Committee.</p> </div> </div>								
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:								
Completed by: (Club Official) Name:								
Date:	/ /20	Time:		: hr				

Use additional page (if required).