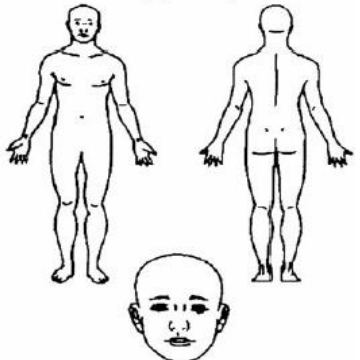


Baseball Injury Follow-up/Return to Play Form

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	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 (including recovery and return to play):					Anticipated Return date to Baseball:		/		/ 20			
<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 _____						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				
Completed by: (Club Official) Name: _____						Final Comments:							
Date:			/		/ 20	Time:			:		hr		

Use additional page (if required).