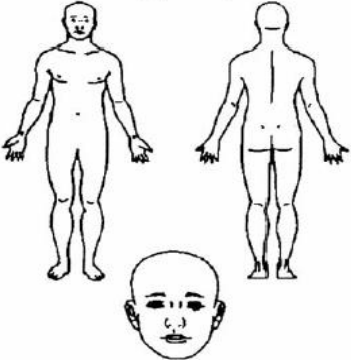


Baseball Injury Follow-up/Return to Play Form										
Name: _____		Club: _____			Division: _____		Team: _____			
Original Date of Reported Injury: _____ / _____ 20		Was Medical Treatment sought:			Yes		No	Has there been or anticipated to be time lost from school, work or similar:		
Nature of Original 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		
		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:								
<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 _____										