



MEDICAL & RETURN TO PLAY FORM

Player: _____ Date: _____

Diagnosis (if known): _____

Current Training Status

Modified Reduced Duration Reduced Intensity No training

Comments re training modifications : _____

Player is able to perform the following training tasks with the team (tick all relevant)

Low Level Controlled, Lower Intensity % Max Speed = _____	<input type="checkbox"/> Warm Up	<input type="checkbox"/> Passing	<input type="checkbox"/> Non-contact ball work	<input type="checkbox"/> Technical skills/drills
	<input type="checkbox"/> Jogging Duration = _____	<input type="checkbox"/> Possession Drills such as Rondos	<input type="checkbox"/> Tactical Session	<input type="checkbox"/> Other: _____
Moderate Level Low level chaos, moderate intensity % Max Speed = _____	<input type="checkbox"/> Small size possession (1v1, 2v2)	<input type="checkbox"/> Contact skills drills/ ball work	<input type="checkbox"/> Change of Direction drills	<input type="checkbox"/> Restricted participation in possession game
	<input type="checkbox"/> Contact	<input type="checkbox"/> Team Acceleration drills/activity	<input type="checkbox"/> Tactical Session	<input type="checkbox"/> Other: _____
High Level High chaos, high intensity % Max Speed = _____	<input type="checkbox"/> Crossing	<input type="checkbox"/> Medium size possession (4v4, 6v6)	<input type="checkbox"/> Large size games (8v8)	<input type="checkbox"/> Transition games / drills
	<input type="checkbox"/> Shooting	<input type="checkbox"/> Conditioning drills/ games under fatigue	<input type="checkbox"/> Match conditions	<input type="checkbox"/> Other: _____
Training additions	<input type="checkbox"/> Strength Exercises	<input type="checkbox"/> High-speed running drills	<input type="checkbox"/> Maximum velocity running	<input type="checkbox"/> Individual Rehab Program
	<input type="checkbox"/> Other: _____			

Target % of Maximum Speed/Velocity in Session: _____

Relevant for Session:

Session 1 Session 2 Session 3 Match

Other Rehabilitation to Continue:

Physio Gym Massage Medical Other: _____

Possible Return to Full Training: _____

Possible Return to Match Participation: _____

Practitioner Name: _____

Role: _____