Athlete Concussion Medical Report Form

This form serves as an aid to medical professionals to inform an athlete's team staff regarding the diagnosis of concussion following an impact during a ringette activity. The form must be completed by a qualified physician.

STEP 1: Release for Disclosing Personal Health Information (see over) **MUST** be completed by athlete/parent/guardian prior to physician assessment	
STEP 2: Physician Athlete Assessment	
1. Does the athlete have a concussion now?	YES ☐ NO ☐
2. Did the athlete suffer a concussion and symptoms are now resolved?	YES ☐ NO ☐

Answers		Action Items
1. YES	2. NO	Follow advice of Physician for immediate management steps and Concussion Return-to-play guidelines
1. NO	2. YES	Follow Concussion Return-to-play guidelines
1. NO	2. NO	May return to full ringette activities immediately

Consent to Disclose Personal Health Information

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

I, _____, authorize_____

(Print your name) *(Print name of health information custodian)*

to disclose:

my personal health information consisting of the information provided regarding my injury as requested in the "Athlete Concussion Medical Report Form".

or

☐ **the personal health information of** _____

(Name of person for whom you are the substitute decision-maker)*

consisting of the information provided regarding the injury as requested in the "Athlete Concussion Medical Report Form".

to _____

(Print name of the Head Coach/Trainer and Ringette Association requiring the information)

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form.

My Name:_____ **Address:**_____

Home Telephone or Mobile Telephone:_____

Signature:_____**Date:**_____

Witness Name:_____**Address:**_____

Home Telephone or Mobile Telephone:_____

Signature:_____**Date:**_____

***Please note: A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.**