



## Return-to-Play Verification

Verification that it is safe for \_\_\_\_\_ to return to practice or competition.

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the undersigned licensed physician or licensed healthcare provider acting in accordance with O.R.C. § 3707.511(E)(b)(2) may safely return to practice and/or competition for the concussion or possible concussion that occurred on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Physician/Licensed Healthcare Provider