



Bacchus Marsh Football and Netball Club Medical Injury Clearance Form

This form must be completed and returned to the player's coach when a medical clearance is required for a player to return to club training and or competition. Written Medical Clearance is required by a Registered Medical Doctor or Allied Health professional as indicated. A copy of this clearance form must be presented to the coach before the player can recommence training or competition.

Name of player: _____ Date of Birth: _____

Details of injury:

Date: _____

Injured Area : _____ Left Right

Description of injury: _____

Type of clearance required:

GP (head injury requires a Medical officer clearance
Professional such as Physio/ Osteopath

Other Allied Health

To be completed by Medical Practitioner or Allied Health Professional

Date: _____

Full Name: _____

Type of Practitioner: _____

Phone number: _____

I have assessed the above-named player and give clearance for them to return to:

training and/or competition (Please tick)

Special Instructions: _____

Follow up required: _____

Medical Practitioner's/ Allied Health Professionals signature: _____