



# 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)

<p><b>Low Level</b> Controlled, Lower Intensity % Max Speed = _____</p>	<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: _____
<p><b>Moderate Level</b> Low level chaos, moderate intensity % Max Speed = _____</p>	<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: _____
<p><b>High Level</b> High chaos, high intensity % Max Speed = _____</p>	<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: _____
<p><b>Training additions</b></p>	<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: \_\_\_\_\_