



# 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)

|   |  |
|---|--|
| <b>Low Level</b><br>Controlled, Lower Intensity<br>% Max Speed = _____              | <input type="checkbox"/> Warm Up <input type="checkbox"/> Passing <input type="checkbox"/> Non-contact <input type="checkbox"/> Technical skills / drills<br><input type="checkbox"/> Jogging duration = _____ <input type="checkbox"/> Possession drills (rondos) <input type="checkbox"/> Tactical Session <input type="checkbox"/> Other  |
| <b>Moderate Level</b><br>Low level chaos, moderate intensity<br>% Max Speed = _____ | <input type="checkbox"/> Small size possession (1v1/2v2) <input type="checkbox"/> Contact drills / skills / ball work <input type="checkbox"/> Change of direction drills <input type="checkbox"/> Restricted participation in possession game<br><input type="checkbox"/> Contact <input type="checkbox"/> Team acceleration <input type="checkbox"/> Tactical Session <input type="checkbox"/> Other |
| <b>High Level</b><br>High chaos, high intensity<br>% 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<br><input type="checkbox"/> Finishing <input type="checkbox"/> Conditioned drills / games under fatigue <input type="checkbox"/> Match conditions <input type="checkbox"/> Other                       |
| <b>Training additions</b>   | <input type="checkbox"/> Strength exercises <input type="checkbox"/> High speed running drills <input type="checkbox"/> Maximum velocity training <input type="checkbox"/> Individual rehab programme<br><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: \_\_\_\_\_