



Medical Assessment

The Westshore Football Association (WSFA) endeavours to ensure that all players engage in our community football programs in a safe and sustainable manner. We prioritize the long term health and wellbeing of our players.

Players in all Westshore Football programs are required to wear a complete set of gear to fully participate in practices or games (helmet, mouth guard, shoulder pads, girdle, knee pads and cleats). Players participate in many of the follow types of actions during practices and games (games include similar actions, with higher intensity and frequency):

- sprinting/running
- jumping/hopping
- quick start-stop actions
- blocking
- tackling
- crouching

The following player has sustained an injury or reported symptoms consistent with:

CONCUSSION or OTHER ACUTE INJURY

Player Name Westshore Warriors program: _____
Atom / PeeWee / JB

Injury Summary:

An Injury Report has been provided to the player’s parent / guardian: YES NO

BEFORE RETURNING TO THE FIELD TO PARTICIPATE IN PRACTICES OR GAMES, THE WSFA REQUIRES THAT THE NAMED PLAYER (PATIENT) IS ASSESSED BY A DOCTOR WHO WILL REPORT THE RESULTS OF THE MEDICAL ASSESSMENT ON PAGE 2.

Results of the Medical Assessment

Patient: _____

- This patient has not been diagnosed with a concussion or other injury and can return, with full participation to activities related to Westshore Football without restriction.

- This patient has not been diagnosed with a concussion but the assessment led to the following diagnosis and recommendations (please be specific about any restrictions and associated timelines to guide a patient’s safe return to practices and play):

- This patient HAS been diagnosed with a concussion. *See WSFA Concussion Management Protocol.*

- This patient has been instructed to avoid all activities that could potentially place them at risk of another concussion or head injury, or activities with implications for the safety of others (e.g., driving, dangerous job duties, and contact sports) until a licensed physician or nurse practitioner provides a Medical Clearance Letter.

_____ MD / NP
Signature (Please circle appropriate designation)¹ Date

IF THE PATIENT HAS BEEN DIAGNOSED WITH A CONCUSSION, THE PLAYER WILL BE REQUIRED TO FOLLOW THE WSFA CONCUSSION MANAGEMENT PROTOCOL AND RETURN TO SPORT STRATEGY. The player will require medical reassessment and clearance before beginning Step 4 of the Return to Sport Plan (participating in practices in gear, non-contact).

I acknowledge this Assessment and that the Westshore Football Association will use it to guide the Patient’s safe return to participation in practices and game play.

Signature of Patient’s Parent/Guardian Date

Printed Name of Parent/Guardian

¹ Depending upon physician or nurse practitioner access, this Medical Assessment may be completed by a nurse with access to a licensed physician or nurse practitioner. Forms completed by other health care professionals (e.g., physiotherapists, chiropractors, and other allied health care professionals) will not be accepted. It is recommended that this document be provided to the patient without charge.