RETURN TO SPORT MEDICAL FORM FOLLOWING CONCUSSION

Medical Practitioner to complete this form.

Yes, must be answered to each question before moving onto the next phase and to all questions before returning to the sport of motorcycle riding.

Rider's Name:

Rider's Date of Birth:

Date of Concussion:

RiderNet ID:

PHASE	ACTIVITY	(please circle)
0. REST	Has the rider had complete rest in the first 24-48 hours since the incident?	Yes
1. SYMPTOM-LIMITED ACTIVITY	Has the rider's symptoms recovered COMPLETELY at rest and with activities of daily living (such as reading, walking, watching TV, etc.). Has the rider successfully returned to full work and/or school, without restrictions or the need for medication.	Yes
2. AEROBIC EXERCISE (up to 70% Max HR)	Has the rider completed a session of light/moderate aerobic exercise? e.g. walking, jogging, stationary cycling at slow to medium pace, light resistance training.	Yes
	Did the rider remain free of concussion related symptoms during the completion of a light/moderate aerobic exercise session?	Yes
	Has the rider had a recovery day after completing the light/moderate aerobic session?	Yes
3. INDIVIDUAL SPORT SPECIFIC EXERCISE	Has the rider completed a session of sport specific exercise with higher intensity and higher duration? e.g. running, change of direction, cycling, and/or individual training drills) including computer gaming/race simulators/low impact recreational karting.	Yes
	Has the rider had a recovery day after completing the sport specific session?	Yes
4. NON-IMPACT TRAINING DRILLS	Has the rider completed a session of high-intensity exercise including more challenging aerobic training drills. Continued computer gaming/race simulators/ low impact recreational karting to be completed after high aerobic exercise.	Yes
	Did the rider remain free of concussion related symptoms during the completion of high intensity training?	Yes
	Has the rider had a recovery day after completing the high intensity training session?	Yes
	Does the rider feel confident to return to riding?	Yes

Mandatory Exclusion Period

The minimum period of exclusion for an Adult (19 years and over) is 10 days from diagnosis, including the day of the incident. Permitted to return to sport on the 11th day.

The minimum period of exclusion for a Child (18 years and younger) is 20 days from diagnosis, including the day of the incident. Permitted to return to sport on the 21st day.

Note, the Mandatory Exclusion Period must be adhered to, regardless if the certificate is provided prior to the exclusion period's end.

MA's medical concussion policy is activated the moment the nature of the injury/illness is identified on the Injury Report Form as concussion, irrespective of the severity of the concussion or if it is considered a suspected concussion. Any reported concussion is therefore required to follow the MA Return to Sport Framework.

The concussion clearance assessment must be completed by a Medical Practitioner: A medical doctor qualified and registered to practice in Australia with the post nominal MBBS or MD. This includes a GP, emergency physician, sports physician, neurologist, or any other medical doctor who has the experience to be comfortable completing the form.

The concussion clearance cannot be completed by a physiotherapist, nurse, osteopath, chiropractor or non-medical doctor.

DECLARATION BY MEDICAL PRACTITIONER:

I, _____ (Medical Practitioner), declare that I assessed _____ (rider's name) on _____ (date) with reference to the Motorcycling Australia Concussion Management Policy.

My recommendations are (please tick):

- ☐ The rider is fit to return to participating in Motorcycling activity after concussion.
- ☐ The rider is NOT fit to return to participating in Motorcycling activity and should undergo a concussion specialist review.

Medical Practitioner's Signature _____

Provider Number _____

Medical Office Information (Please Print and Stamp)

Office Address _____

_____

_____

Phone Number _____