Community Rugby League Return to Play Clearance Form



To the NSWRL, Player Grade..... Grade..... Grade.... 2. Following this event the player either failed to return the appropriate clearance documentation or was examined by a Doctor who determined that a concussion had in fact occurred. The player must take this form to a Doctor to receive a medical clearance from any symptoms of concussion or delayed concussion before returning to play. This is the only medical clearance form that will be recognized by the NSWRL. In order for the player to return to training and playing Rugby League, a Medical Clearance is required 14 days post match to ensure the player shows no symptoms of delayed concussion, please: Undertake a complete Neurological Examination and document this for your records Organise any test/s, investigations, referral or treatment which you deem necessary, if delayed concussion symptoms are found. Complete the Declaration below and keep a copy for your records. Give this completed Return to Play Clearance Form to the player. CONCUSSION - IMPORTANT INFORMATION This document is to be returned by the player to his club secretary and or team Manager. The document is then to be returned to the NSWRL/local league prior to the player being allowed to play within the period allowed under the NSWRL Concussion Policy (2020), contained in the NSWRL Policies and Procedures Manual. The declaration by the Doctor must be returned to the NSWRL/local league at least one business day prior to the player taking the field and sent to communityrl@nswrl.com.au Declaration of Fitness to Return to Rugby League (Must be completed no earlier than 14 days post game) By signing this document I declare that the above player shows no signs of Delayed Concussion and in my opinion the player is now medically fit to return to contact training (day 15 post match). After participating in contact training, should the player remain symptom free for 24 hours they will then be cleared to participate in NSWRL competition matches (day 17 post match).

Doctors Name: Provider Number......