

Baylor Scott & White Family Medicine Keller Concussion Program

Patient Name: _____ **Date of Evaluation:** _____

The athlete named above is cleared for a complete return to full contact sport participation:

- As of _____
- When they have complete the tasks noted below*without symptoms.

The athlete is instructed to stop immediately and notify the coach or athletic trainer should his/her symptoms return or if they become symptomatic with any additional contact.

*Additional note:

Signature: _____ **Date:** _____

Jason Wander DO, Primary-Care Physician, Certified Impact Consultant

Baylor Scott & White Family Medicine Keller

Clinic Number: 817-912-8150