



# WBC MUAYTHAI USA (WBCMTUSA) CONCUSSION FORM – CLEARANCE

## CONCUSSION FORM- CLEARANCE TO RETURN BACK TO TRAINING OR COMPETITION

This form to be provided to a Physician for a medical review and clearance of an athlete.

The athlete has received a concussion/head injury and/or demonstrated symptoms that require a medical review prior to returning to training/competition. This form is required to be provided to their coach to return to training.

This form is required for athletes to compete if they have had a stoppage – KO or TKO in competition. It must be brought to the weigh in as proof of clearance in addition to being medically fit to compete.

Participants name: ..... Age: .....

Date: ..... Time: ..... (am/pm)

This boxer has sustained:

- A knockout from head blows, or
- A Technical Knockout (TKO) from head blows, or  A injury requiring review by a Dr.
- Reported concussion symptoms to their coach.
- Received concussion from contact during training.

Where a knockout from head blows occurs did the boxer experience a loss of consciousness?

- Yes
- No
- N/A

If the above response is 'Yes', was the loss of consciousness less than one minute or greater than one minute?

- Less than one minute
- Greater than one minute

I, the undersigned Medical Officer, have reviewed the athlete:

- Have cleared the athlete to return to light no contact training.
- Have cleared the athlete to return to regular training.
- Have cleared the athlete to return to competition.
- Have imposed a medical probation period of ..... days without competition or sparring. Following this probation, I require the athlete to have a further medical examination prior to training in \_\_\_\_ days.
- Provide the following advice to their coach/trainer.

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Doctor's name: .....

Doctor signature: .....Medical ID #.....

Date: .....