



Netball Australia

GUIDELINES FOR THE MANAGEMENT OF SPORTS RELATED CONCUSSION IN NETBALL NA PATHWAYS, YOUTH AND COMMUNITY NETBALL

8 December 2025

NETBALL AUSTRALIA GUIDELINES FOR THE MANAGEMENT OF SPORTS RELATED CONCUSSION IN NETBALL NA PATHWAYS, YOUTH AND COMMUNITY NETBALL

In the spirit of Reconciliation, Netball Australia acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of this ancient unceded land where we live, work and play netball on.

We honour the continuing cultures, languages, and heritage of Aboriginal and Torres Strait Islander peoples whose cultural, spiritual, and ancestral connections to the lands, sky, and waters has endured since time immemorial. We pay our respects to Elders past and present, and we acknowledge and value the significant and continuing contributions Aboriginal and Torres Strait Islander peoples make within our community.

Netball Australia is committed to Reconciliation. We acknowledge the need to reflect on our shared history in order to build a vision for a reconciled and prosperous future for all within our sport. One built on mutual respect, equity, authentic collaboration, and genuine truth-telling.

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A. Purpose

The purpose of these Guidelines is to:

1. Provide Healthcare Practitioners (HCP), coaches, managers, primary carers, umpires, bench and other officials, teachers, players and parents/guardians with best practice guidance for the recognition and management of Sport-Related Concussion (**SRC**).
2. To safeguard and protect the short and long-term health and safety of netball players from the potential risks of SRC and repeat head impacts.

It is important to recognise that umpires and coaches, while participating in netball activities, may also sustain a concussion and that, while these Guidelines apply to players, they are not intended to be limited in scope, and an umpire or coach should also follow these Guidelines in this event.

B. Background

Netball Australia (**NA**) recognises that Sport-related Concussion (**SRC**, also referred to as concussion in these Guidelines) is a significant public health issue and that safeguarding the short and long-term health and wellbeing of netballers at all levels of competition is important.

These Guidelines adhere to the evidence and recommendations from the 6th International Conference on Concussion in Sport as they relate to netball.¹ They take into account the Australian Institute of Sport (AIS), Sports Medicine Australia, the Australian Physiotherapy Association and the Australasian College of Sport and Exercise Physicians '[Concussion and Brain Health Position Statement](#)' (**the AIS Position Statement**) and the '[Australian Concussion Guidelines for Youth and Community Sport](#)' (**the AIS Guidelines for Youth & Community Sport**), released in February 2024.

The AIS Guidelines for Youth & Community Sport are intended to:

*'provide information on how to recognise concussion and manage concussion from the time of injury through to a safe return to education, work and playing sport.'*²

For NA Pathway programs, youth and community netball, these Netball Australia Guidelines for the Management of Sports-related Concussion in Netball – NA Pathways, Youth & Community Netball (**the NA Pathways, Youth & Community Guidelines**) apply, aligning with the AIS Guidelines for Youth & Community Sport.

Accordingly, under these NA Pathways, Youth & Community Guidelines, the earliest that a player can return to play after a concussion is **on the 21st day after the day on which the concussion was sustained**, provided that the player has safely progressed through each phase of the return-to-play program.

In line with the AIS Position Statement, a separate Policy for the Management of SRC – National Programs and Suncorp Super Netball (**NA Policy for National Programs and SSN**) applies to Athletes participating in Origin Australian Diamonds programs and the Suncorp Super Netball (SSN), in particular Athletes contracted to an SSN Team (including Training Partners) and/or NA. This Policy recognises that Athletes participating in the Origin Australian Diamonds, the SN Reserves and SSN have the benefit of Advanced Care Settings³ to closely monitor the Athlete's recovery and progression through a return to play protocol, that generally do not exist to the same degree in all other competitions. For the avoidance of doubt, in the event that a contracted SN Reserves or SSN Athlete sustains a concussion outside of the Origin Australian Diamonds, SN Reserves or SSN environment, the NA Policy for National Programs and SSN will continue to apply where the Athlete has access to the Advanced Care Settings.

Please see the **NA Policy for National Programs and SSN** for further information.

¹ Patricios JS, Schneider KJ, Dvorak J, et al. Br J Sports Med 2023;57:695–711 697.

² AIS guidelines for Youth & Community Sport, p 3.

³ As defined by the AIS Position Statement, see page 35.

C. Definitions

Defined terms not otherwise defined in this Policy have been defined in, and have the meaning given to them in the Sports Medicine for Community Netball and the Netball Integrity Framework, Conduct & Disciplinary Policy.

In this Policy, the following definitions apply:

Healthcare Practitioner (HCP) means a person who is registered as an **appropriate** health professional by the Australian Health Practitioner Regulation Agency with no restrictions on practice. An **appropriate** HCP includes a Medical Practitioner; or a physiotherapist or chiropractor, with a skillset or expertise in managing concussion.

Match means a netball match of any format and duration in length in which two netball teams compete against each other, played anywhere in the world.

Medical Practitioner (MP) means a person registered in the medical doctor category by the Australian Health Practitioner Regulation Agency with no restrictions on practice.

MO means each of the NA member organisations, being:

- a) ACT Netball Association Incorporated;
- b) The New South Wales Netball Association Limited;
- c) Netball NT Incorporated;
- d) Netball Queensland Limited;
- e) South Australia Netball Association Incorporated;
- f) Tasmania Netball Association Incorporated;
- g) Victoria Netball Association Incorporated; and
- h) Netball WA (Incorporated).

D. Other Related Policies and Documents

The following NA policies and documents also apply to the application of this Policy:

- a) NA Policy for the Management of SRC – National Programs and Suncorp Super Netball 2026.

E. Scope

These Guidelines apply to all netball programs and competitions conducted under the auspices of Netball Australia, the SSN Clubs and MOs, other than the Origin Australian Diamonds and Suncorp Super Netball.

Accordingly, these Guidelines apply to:

- a) SN Reserves, including pre-season Matches and training programs;
- b) NNC, including pre-season Matches and training programs;
- c) First Nations Tournament and the Black Swans program;
- d) competition or tournament played by a MO team, SSN Club team or invitational representative Australian team against a touring team that is sanctioned, organised and/or controlled by NA;

- e) each of the State League/Premier League (or equivalent and their successor competitions) of each of the MOs,

and any other regional, association and club netball competitions affiliated with a MO. For the avoidance of doubt, in the event that a contracted SSN Athlete sustains a concussion outside of the Origin Australian Diamonds or SSN environment, the NA Policy for National Programs and SSN will continue to apply where the Athlete has access to the advanced care settings.

1. What is Sport Related Concussion?

Concussion is an injury to the brain caused by impact to the head or the body where force is transmitted to the head.

SRC results in a range of reported symptoms and observable signs that may or may not involve loss of consciousness. Symptoms and signs of SRC may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged in some individuals. Any player suspected of sustaining a concussion must be monitored for worsening effects and be assessed by a Medical Practitioner or other appropriate HCP as soon as possible after injury.

More severe injuries may result in structural injury, but most often the acute clinical signs and symptoms reflect a disturbance in brain function and, as such, no abnormality is seen on standard neuroimaging studies such as Computerised Tomography (**CT**) or Magnetic Resonance Imaging (**MRI**).

2. What are the Potential Complications of Concussion

The potential complications associated with sustaining a concussion include:

1. Increased risk of further concussion or other injuries on return to play;
2. Persisting symptoms (> than 4 weeks);
3. Severe brain swelling which may be a rare complication of head trauma in younger players. One of the risk factors is thought to be a second concussion before the player has fully recovered from the previous concussion;
4. Symptoms of mood disturbance such as depression or anxiety; and
5. Long-term effects on brain health.

These potential complications are thought to be increased if a player returns to sport prior to fully recovering from their concussion.

3. Concussion Screening

1. It is recommended that players undergo medical evaluation at the beginning of a season in relation to the number of concussions the player has sustained, history of prolonged recovery from concussion, and the player's previous management.
2. It is recommended that at a minimum, every second year, players undergo pre-season baseline assessment with a Sport Concussion Assessment Tool 6th Edition (SCAT6) Baseline testing facilitates education of players and interpretation of post-injury test scores for healthcare practitioners.
3. More detailed baseline testing with a Medical Practitioner with expertise in concussion is strongly recommended for any player with a significant concussion history.

4. Concussion Management

All concussions require a cautious and conservative approach, and any player suspected of sustaining a concussion should be removed from play and medically assessed.

All members of the support team including primary carer, coaches, managers, parents/guardians, have a role in recognising and managing concussion.

The most important components of initial management are:

- **Recognising** a suspected concussion;
- **Removing** the player from play; and
- **Referring** the player to an HCP for assessment.

Concussion should be suspected when there is a possible mechanism of injury that is directly observed or reported, or the player shows visual signs or reports symptoms of concussion.

Primary carers should adopt first aid principles in the management of any player with a suspected concussion – including first aid principles for protection of the cervical spine.

Primary carers should monitor for any serious injuries or signs of concussion (such as neck pain, increased confusion, agitation or irritability, vomiting, seizure, weakness or tingling in the arms or legs, reduced level of consciousness, severe or increasing headache, or unusual behaviour) and if observed, seek urgent medical attention.

Non-medical assessment tool: The Concussion Recognition Tool 6 (**CRT6**) is recommended to help **non-HCP** recognise the symptoms and signs of concussion. The symptoms listed in the CRT6 are:

Headache	Sensitivity to light	Nervous or anxious
‘Pressure in head’	Sensitivity to noise	Neck pain
Balance problems	Fatigue or low energy	Difficulty concentrating
Nausea or vomiting	‘Don’t feel right’	Difficulty remembering
Drowsiness	More emotional	Feeling slowed down
Dizziness	More irritable	Feeling ‘like in a fog’
Blurred vision	Sadness	

The diagnosis of concussion should be based on a clinical history and examination and testing of a range of domains including mechanism of injury, symptoms and signs, cognitive function and neurology, including balance assessment by a Medical Practitioner or other appropriate HCP.

It is important to note that a brief sideline assessment is not designed to replace a comprehensive medical assessment and therefore, any individual with suspected concussion should be reviewed by a Medical Practitioner or other appropriate HCP at the earliest opportunity and should commence a graded return to sport and learning activities.

Any player who has suffered a concussion or a suspected concussion must not be allowed to return to play in the same Match or training session.

Medical Assessment Tools for SRC:

ADULTS & ADOLESCENTS AGED 13 – 18 YEARS: SCAT6 is the internationally recommended concussion assessment tool for **HCP** and covers the above-mentioned assessments. The SCAT6 should not be used in isolation to diagnose, but as part a multimodal clinical assessment.

CHILDREN AGED 5 TO 12 YEARS: Child SCAT6 has been developed for use by HCP in children aged 5 to 12 years old to accommodate for physical, cognitive and language development. The Child SCAT6 should not be used in isolation to diagnose, but as part a multimodal clinical assessment.

For all ability netball players, the SCAT6 and other guidelines should include modifications for use with players with disability. Currently, internationally recognised concussion assessment tools specific to para-athlete populations do not exist and clinicians have variable methods for recognition and management of concussions in this population. HCPs should refer to the AIS Position Statement for further guidance.

A link to these tools is in Useful Link/Resources section below.

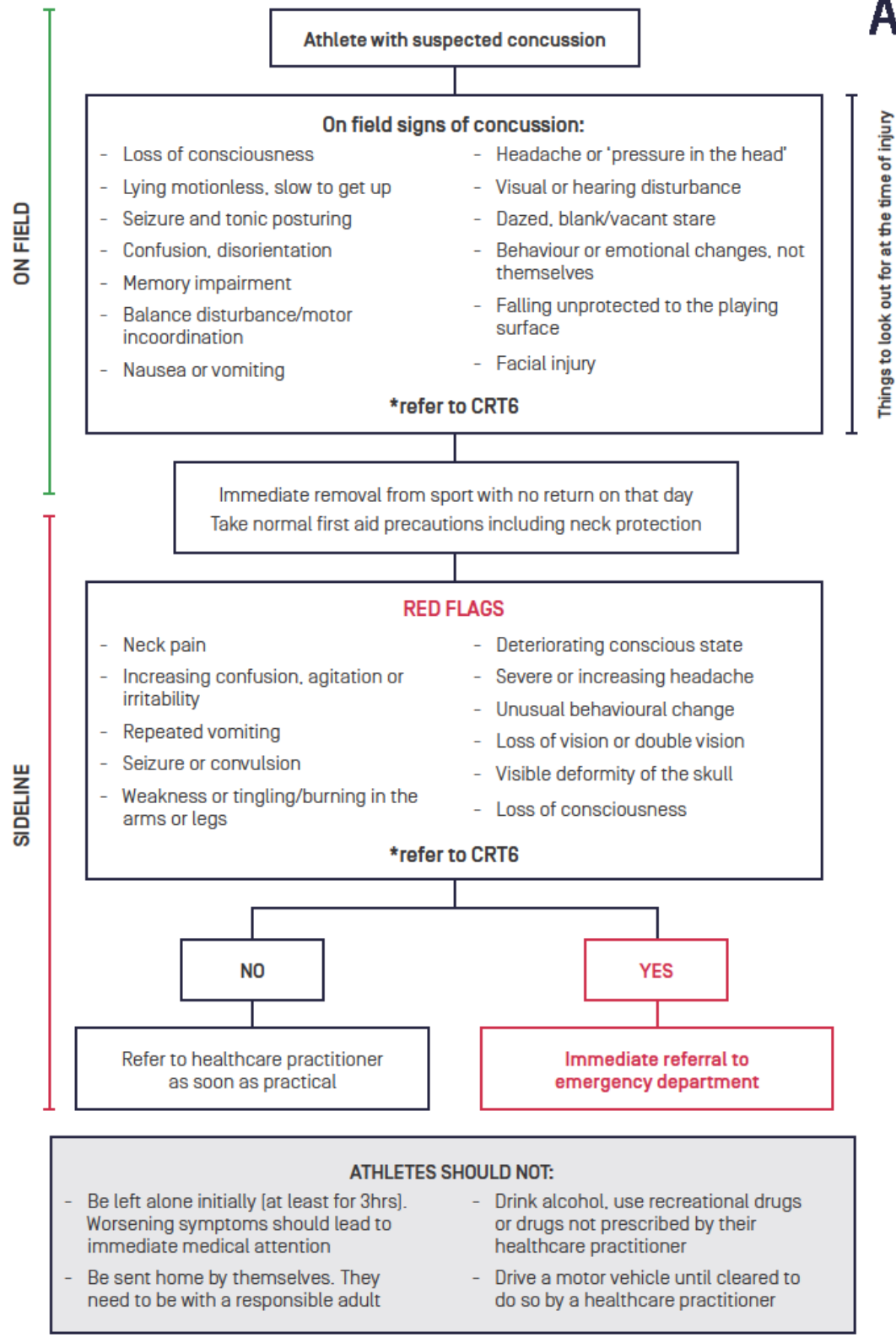
Concussion is a condition that evolves. Players suspected of, or diagnosed with, concussion require close monitoring and repeated assessment. They should not be left alone in the first 4 hours after injury. If symptoms worsen after injury, urgent medical attention should be sought.

The AIS Concussion Referral & Return Form provides important information to a Medical Practitioner or other HCP following the suspected concussion of a player, including details of the return to sport protocols, and the requirements for clearance for return to contact activities.

Figure 1 of the AIS Guidelines for Youth & Community Sport (below) assists non-HCP (i.e. parents, coaches, teachers, other players, support staff) at sporting events in recognising SRC. For further information, see the AIS Guidelines for Youth & Community Sport.

For SN Reserves, Australian Netball Championships and National Netball Championships, the Game Day Management Protocols apply (see Appendices 1 – 2 of these Guidelines).

NON-HEALTHCARE PRACTITIONER ON FIELD CONCUSSION RECOGNITION DECISION TREE



5. Graded Return to Play Framework

The important stages for a graded return to play following concussion, include:

1. A brief period of **relative rest** for 24-48 hours;
2. A period of **recovery**;
3. A **graded loading program** (with medical clearance required before full contact training); and
4. Unrestricted return to play.

The AIS Guidelines for Youth and Community Sport provide information on the graded return to sport for community and youth, including:

1. Commencement of light aerobic activity after an initial period of relative rest.
2. Checkpoints throughout progression to return to play.
3. Gradual reintroduction of learning and work activities. Cognitive stimulation (use of screens, reading, learning activities) should be gradually introduced after 48 hours.
4. At least **14 days symptom free** (at rest) before return to contact training. The temporary exacerbation of mild symptoms with exercise is acceptable, as long as the symptoms quickly resolve at the completion of exercise, and as long as the exercise-related symptoms have completely resolved before resumption of contact training. This is 14 days from when the player becomes symptom free and not 14 days from the time of concussion.
5. A **minimum period of 21 days** until the resumption of competitive contact (including 14 days symptom free).
6. Consideration of all symptom domains (physical, cognitive, emotional, fatigue, sleep) throughout the recovery process.
7. Return to learn and work activities should take priority over return to sport.
8. Return to full contact training and competition following approval by an HCP.

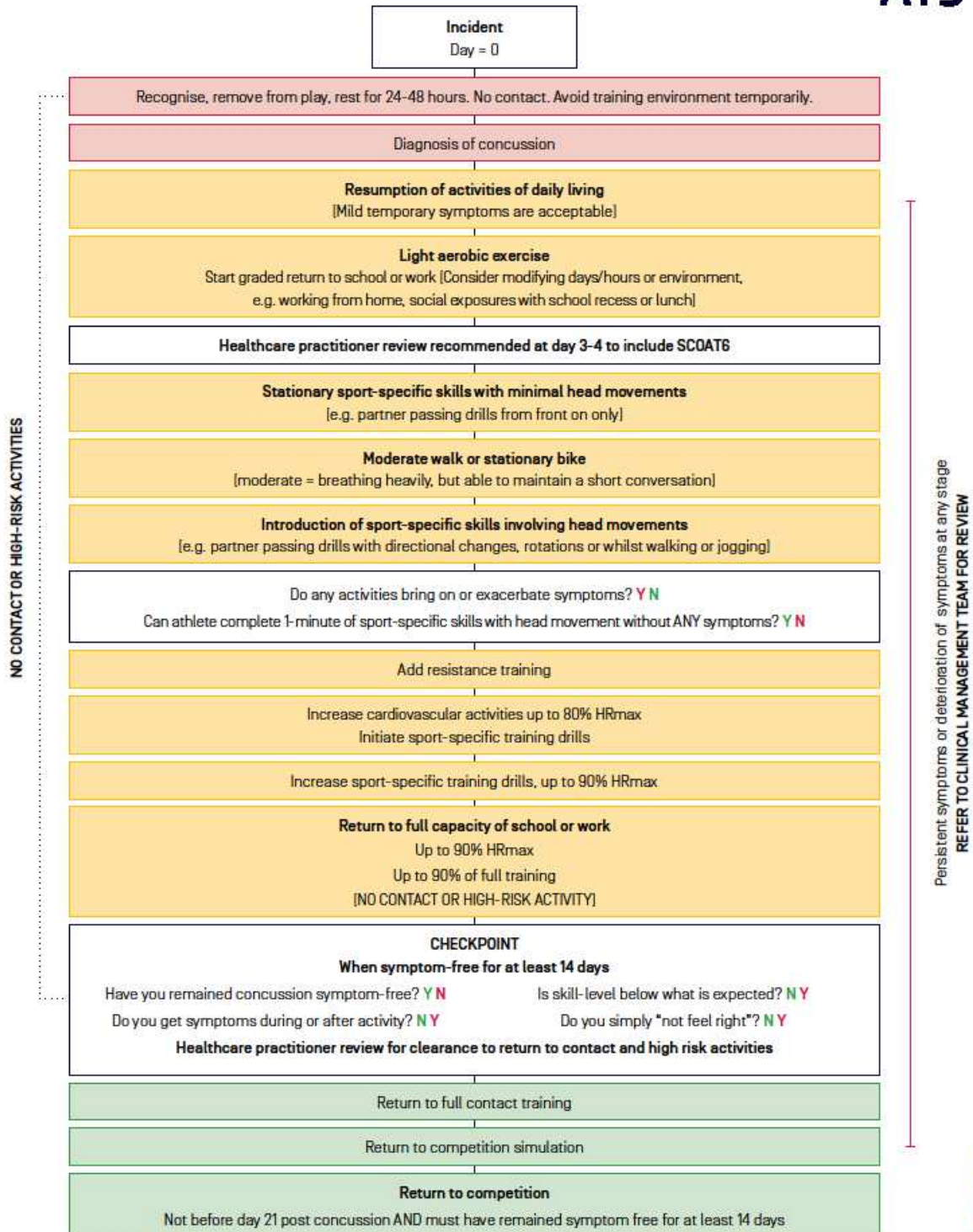
Children and adolescents take longer to recover from concussion than adults. A more conservative approach should be taken with those aged under 19 years of age.

Figure 3 of the AIS Guidelines for Youth & Community Sport (below) provides a graded return to sport framework for community and youth sport. Examples of return to sport timeframes are also detailed in the AIS Guidelines for Youth & Community Sport.

Any player with a history of multiple concussions may be at risk of experiencing prolonged symptoms. The AIS Guidelines for Youth & Community Sport provide specific advice for those players who suffer from multiple concussions within a short period of time as these players should be managed more conservatively and be assessed by a clinical management team with specific training and expertise in concussion.

GRADED RETURN TO SPORT FRAMEWORK

Each stage, highlighted in orange or green below, should be at least 24 hours and symptoms should return to baseline prior to commencing the next activity or stage.



Some high-performance athletes may have access to appropriately trained Healthcare Practitioners experienced in multi system concussion rehabilitation. These athletes may be cleared earlier if their sports concussion protocol allows. Refer to the graded return to sport framework for advanced care settings. Note, athletes aged under 19 years should NOT have access to earlier clearance available in advanced care settings.

* Please note that athletes cannot go directly from non-contact activities to return to competition. That is, they must complete some full contact training, to the satisfaction of the health care practitioner, before returning to competitive contact.

6. Useful links, resources and References

General Resources

[Concussion in Australian Sport | Concussion in Australian Sport \(concussioninsport.gov.au\)](http://concussioninsport.gov.au)

Patricios JS, Schneider KJ, Dvorak J, et al. Br J Sports Med 2023;57:695–711. [Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022 \(bmj.com\)](https://doi.org/10.1136/bmj-2022-035555)

Concussion Assessment Tools

Concussion Recognition Tool 6 (CRT6) (For use by non-HCP)

[The Concussion Recognition Tool 6 \(CRT6\) \(bmj.com\)](https://www.bmj.com/content/366/bmj.m1963.full.pdf)

Pocket Recognition Tool

[267.full.pdf \(bmj.com\)](https://www.bmj.com/content/366/bmj.m1963.full.pdf)

SCAT6 Adult – Sport Concussion Assessment Tool (For use by HCPs)

[Sport Concussion Assessment Tool 6 \(SCAT6\) | British Journal of Sports Medicine \(bmj.com\)](https://www.bmj.com/content/366/bmj.m1963.full.pdf)

SCOAT6 Adult– Sport Concussion Assessment Tool (For use by HCPs)

[Sport Concussion Office Assessment Tool 6 \(SCOAT6\) | British Journal of Sports Medicine \(bmj.com\)](https://www.bmj.com/content/366/bmj.m1963.full.pdf)

SCAT6 Child– Sport Concussion Assessment Tool (For use by HCPs) [Child SCAT6 | British Journal of Sports Medicine \(bmj.com\)](https://www.bmj.com/content/366/bmj.m1963.full.pdf)

Forms

[AIS Concussion Referral & Return Form](#)

Courses

[Sport-Related Concussion Short Course - Connectivity](#)

Other resources

Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. Br J Sports Med 2014;48:98–101.

Echemendia RJ, Burma JS, Bruce JM et al. Acute evaluation of sport-related concussion and implications for the Sport Concussion Assessment Tool (SCAT6) for adults, adolescent and children: a systematic review. Br J Sports Med 2023;57:722–735.

Makdissi M, Davis G, Jordan B, Patricios J, Purcell L, Putukian M. Revisiting the modifiers: how should the evaluation and management of acute concussions differ in specific groups? Br J Sports Med 2013;47:314–20.

7. Policy Review

This Guideline will be reviewed annually or as directed by the NA CMO.

END

VERSION HISTORY

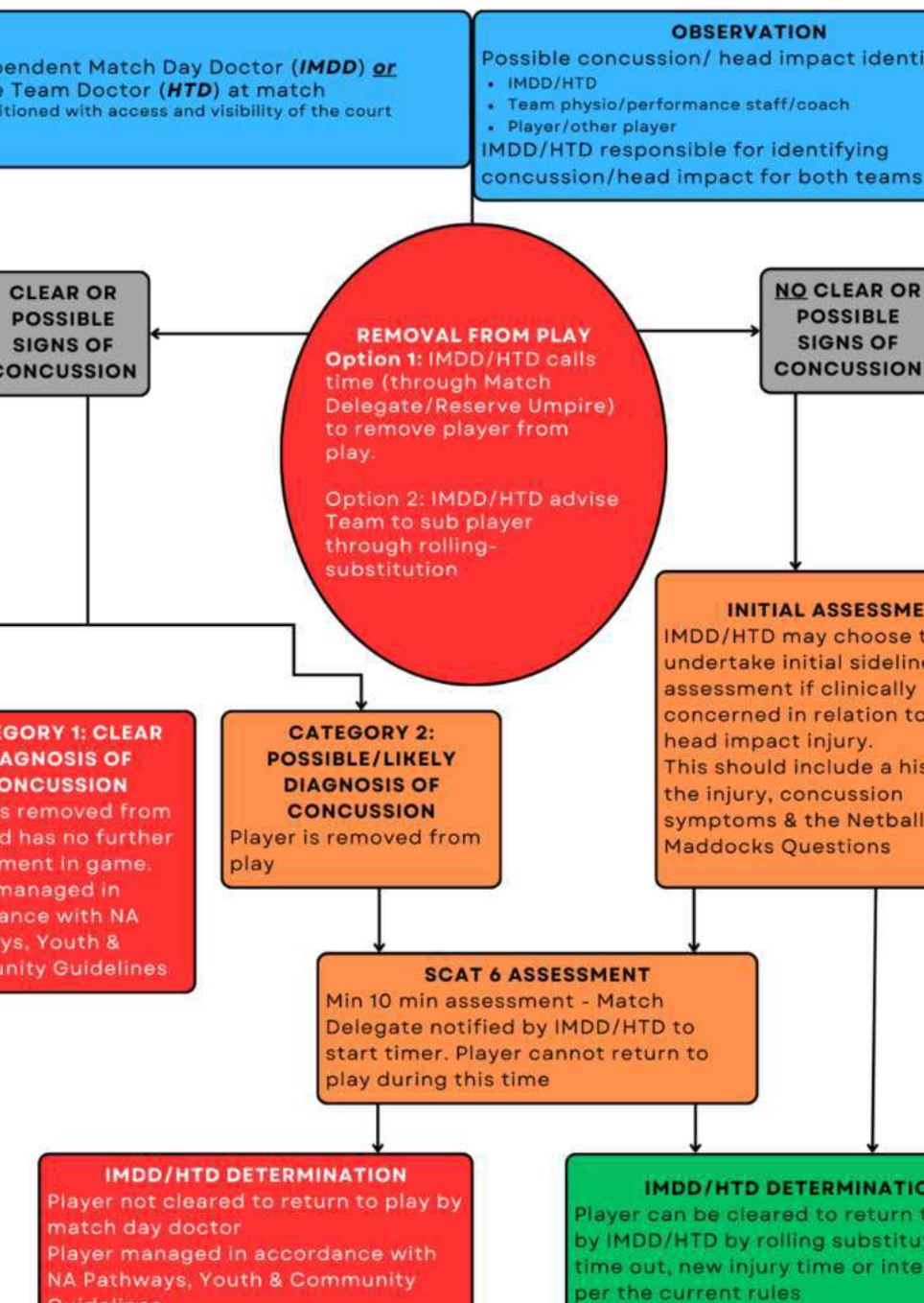
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2026 SN Reserves Game Day Management Protocol



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AUSTRALIA

2026 SN Reserves Game Day Management Protocol



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graph TD; A["Independent Match Day Doctor (IMDD) or Home Team Doctor (HTD) at match  
• Positioned with access and visibility of the court"] --> E((REMOVAL FROM PLAY  
Option 1: IMDD/HTD calls time (through Match Delegate/Reserve Umpire) to remove player from play.  
Option 2: IMDD/HTD advise Team to sub player through rolling-substitution)); B["OBSERVATION  
Possible concussion/ head impact identified by:  
• IMDD/HTD  
• Team physio/performance staff/coach  
• Player/other player  
IMDD/HTD responsible for identifying concussion/head impact for both teams"] --> E; E --> C["CLEAR OR POSSIBLE SIGNS OF CONCUSSION"]; E --> D["NO CLEAR OR POSSIBLE SIGNS OF CONCUSSION"]; C --> F["CATEGORY 1: CLEAR DIAGNOSIS OF CONCUSSION  
Player is removed from play and has no further involvement in game.  
Player managed in accordance with NA Pathways, Youth & Community Guidelines"]; C --> G["CATEGORY 2: POSSIBLE/LIKELY DIAGNOSIS OF CONCUSSION  
Player is removed from play"]; D --> H["INITIAL ASSESSMENT  
IMDD/HTD may choose to undertake initial sideline assessment if clinically concerned in relation to the head impact injury.  
This should include a history of the injury, concussion symptoms & the Netball Maddocks Questions"]; G --> I["SCAT 6 ASSESSMENT  
Min 10 min assessment - Match Delegate notified by IMDD/HTD to start timer. Player cannot return to play during this time"]; H --> J["IMDD/HTD DETERMINATION  
Player not cleared to return to play by match day doctor  
Player managed in accordance with NA Pathways, Youth & Community Guidelines"]; I --> J; I --> K["IMDD/HTD DETERMINATION  
Player can be cleared to return to play by IMDD/HTD by rolling substitution, time out, new injury time or interval as per the current rules"];
```

Independent Match Day Doctor (IMDD) or Home Team Doctor (HTD) at match

- Positioned with access and visibility of the court

OBSERVATION

Possible concussion/ head impact identified by:

- IMDD/HTD
- Team physio/performance staff/coach
- Player/other player

IMDD/HTD responsible for identifying concussion/head impact for both teams

REMOVAL FROM PLAY

Option 1: IMDD/HTD calls time (through Match Delegate/Reserve Umpire) to remove player from play.

Option 2: IMDD/HTD advise Team to sub player through rolling-substitution

CLEAR OR POSSIBLE SIGNS OF CONCUSSION

CATEGORY 1: CLEAR DIAGNOSIS OF CONCUSSION

Player is removed from play and has no further involvement in game.

Player managed in accordance with NA Pathways, Youth & Community Guidelines

CATEGORY 2: POSSIBLE/LIKELY DIAGNOSIS OF CONCUSSION

Player is removed from play

INITIAL ASSESSMENT

IMDD/HTD may choose to undertake initial sideline assessment if clinically concerned in relation to the head impact injury.

This should include a history of the injury, concussion symptoms & the Netball Maddocks Questions

SCAT 6 ASSESSMENT

Min 10 min assessment - Match Delegate notified by IMDD/HTD to start timer. Player cannot return to play during this time

IMDD/HTD DETERMINATION

Player not cleared to return to play by match day doctor

Player managed in accordance with NA Pathways, Youth & Community Guidelines

IMDD/HTD DETERMINATION

Player can be cleared to return to play by IMDD/HTD by rolling substitution, time out, new injury time or interval as per the current rules

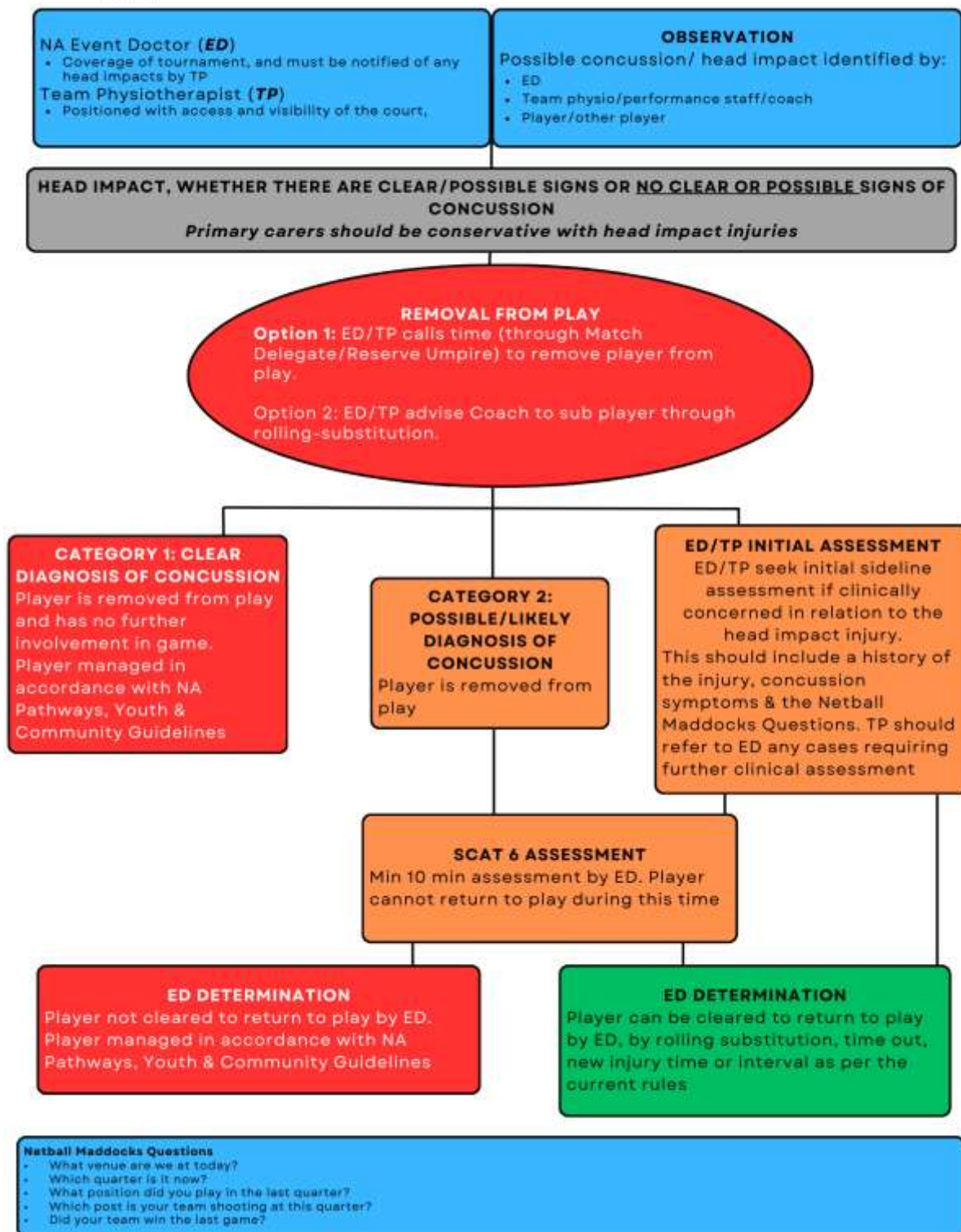
Netball Maddocks Questions

- What venue are we at today?
- Which quarter is it now?
- What position did you play in the last quarter?
- Which post is your team shooting at this quarter?
- Did your team win the last game?

Appendix 2: ANC and NNC Game Day Management Protocol



2026 ANC and NNC Game Day Management Protocol



Annexure A: AIS Concussion Referral & Clearance Form

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Concussion Referral & Clearance Form

SECTION 1 DETAILS OF INJURED PERSON (please print clearly)	
TEAM OFFICIAL TO COMPLETE (Manager, Coach or First Aid / Healthcare practitioner*) AT THE TIME/ON THE DAY OF THE INJURY, BEFORE PRESENTING TO HEALTHCARE PRACTITIONER REVIEWING THE PLAYER.	
Name of player:	Date of Birth:
Sport:	Club/School:

Dear Healthcare Practitioner,

This person has presented to you today because they were injured on (day & date of injury) _____
in a (game or training session) _____ and suffered a potential head injury or concussion.

The injury involved: (select one option)	
☐ Direct head blow or knock	☐ Indirect injury to the head e.g. whiplash injury
☐ No specific injury observed	
The subsequent signs or symptoms were observed (Please select one or more):	
Consult the referee/umpire if no signs and symptoms were observed by team official personnel	
☐ Loss of consciousness	☐ Dazed or vacant stare
☐ Disorientation	☐ Headache
☐ Incoherent speech	☐ Dizziness
☐ Confusion	☐ Difficulty concentrating
☐ Memory loss	☐ Sensitivity to light
☐ Other:	☐ Ringing in the ears
	☐ Fatigue
	☐ Vomiting
	☐ Blurred vision
	☐ Loss of balance
Is this their first concussion in the last 12 months? ☐ Yes ☐ No	
If NO, how many concussions in the last 12 months:	
Name:	Role:
Signature:	Date:

INJURED PERSON or PARENT / LEGAL GUARDIAN CONSENT [for persons under 18 years of age]		
I _____ (insert name) consent to _____ (insert Healthcare Practitioner's name) providing information if required to my Club/School regarding my head injury and confirm that the information I have provided the doctor has been complete and accurate.		
Name: _____	Signature: _____	Date: _____



SECTION 2 - INITIAL CONSULTATION

HEALTHCARE PRACTITIONER IDEALLY WOULD SEE THE INJURED PERSON WITHIN 72 HOURS OF THE INJURY

AIS recommends that all persons who have suffered a concussion or a suspected concussion must be treated as having suffered concussion.

The person has been informed that they must be referred to a healthcare practitioner. **Your role as a healthcare practitioner is to assess the person and guide their progress over the remaining steps in the process.**

Detailed guidance for you, the healthcare practitioner, on how to manage concussion can be found at the Concussion in Australian Sport website www.concussioninsport.gov.au

Please note, any person who has been diagnosed showing signs and symptoms of concussion MUST follow the Graduated Return to Sport Framework (GRTSF) https://www.concussioninsport.gov.au/_data/assets/pdf_file/0006/1133466/GRADED-RETURN-TO-SPORT-FRAMEWORK-COMMUNITY-AND-YOUTH.pdf

FOR CHILDREN & ADOLESCENTS AGED UNDER 19, AND ADULTS IN COMMUNITY (NON-ELITE) SPORT, THE ATHLETE MUST BE SYMPTOM FREE FOR 14 DAYS BEFORE RETURN TO ANY CONTACT TRAINING. THE MINIMUM TIME FOR RETURN TO COMPETITIVE CONTACT IS 21 DAYS.

I have assessed the person and I have read and understood the information above.

Healthcare Practitioner's Name: _____

Signed: _____

Date: _____

SECTION 3 - CLEARANCE APPROVAL

I (healthcare practitioner's name) _____ have reviewed _____ (persons name) today and based upon the evidence presented to me by them and their family / support person, and upon my history and physical examination I can confirm:

- I have reviewed Section 1 of this form and specifically the mechanism of injury and subsequent signs and symptoms
- The person has been symptom-free for at least 14 days
- The person will not return to competitive contact in less than 21 days from the time of concussion
- The person has completed the Graduated Return to Sport Framework process without evoking any recurrence of symptoms
- The person has returned to school, study or work normally and has no symptoms related to this activity

I also confirm that I have read the Australian Concussion Guidelines for Youth and Community Sport https://www.concussioninsport.gov.au/_data/assets/pdf_file/0003/1133994/37382_Concussion-Guidelines-for-community-and-youth-FA-acc.pdf

I therefore approve that this person may return to full contact training and if they successfully complete contact training without recurrence of symptoms, the person may return to playing sport [competitive contact].

Healthcare Practitioner's Name: _____

Signature: _____

Date: _____