FOOTBALL AUSTRALIA

MEDICAL & RETURN TO PLAY FORM

Player:_____ **Date:**_____

Diagnosis (if known):_____

Current Training Status

☐ Modified ☐ Reduced Duration ☐ Reduced Intensity ☐ No training

Comments re training modifications :_____

_____

_____

_____

Player is able to perform the following training tasks with the team (tick all relevant)

Low Level **Controlled, Lower Intensity** **% Max Speed = _____**	☐ Warm Up	☐ Passing	☐ Non-contact ball work	☐ Technical skills/drills
	☐ Jogging Duration =	☐ Possession Drills such as Rondos	☐ Tactical Session	☐ Other:
Moderate Level **Low level chaos, moderate intensity** **% Max Speed = _____**	☐ Small size possession (1v1, 2v2)	☐ Contact skills drills/ ball work	☐ Change of Direction drills	☐ Restricted participation in possession game
	☐ Contact	☐ Team Acceleration drills/activity	☐ Tactical Session	☐ Other:
High Level **High chaos, high intensity** **% Max Speed = _____**	☐ Crossing	☐ Medium size possession (4v4,6v6)	☐ Large size games (8v8)	☐ Transition games / drills
	☐ Shooting	☐ Conditioning drills/ games under fatigue	☐ Match conditions	☐ Other:
Training additions	☐ Strength Exercies	☐ High-speed running drills	☐ Maximum velocity running	☐ Individual Rehab Program
	☐ Other:			

Target % of Maximum Speed/Velocity in Session:_____

Relevant for Session:

☐ Session 1 ☐ Session 2 ☐ Session 3 ☐ Match

Other Rehabilitation to Continue:

☐ Physio ☐ Gym ☐ Massage ☐ Medical ☐ Other_____

Possible Return to Full Training:_____

Possible Return to Match Participation:_____

Practitioner Name:_____ **Role:**_____