

SKATE VICTORIA INC MEDICAL CLEARANCE FORM

Conditions where a medical clearance is required to return to club training/competition.

Written Medical Clearance to be provided by a Registered Medical Doctor.

In the case of soft tissue injuries, the following Allied Health Professionals can also provide a written medical clearance: Physiotherapist, Osteopath and Chiropractor.

A copy of clearance to be forwarded to the Skate Victoria office.

Legal Name: _____ Date of Birth: ___/___/___

Reason for absence from skating: _____

Has a Skate Victoria Claim been Lodged? Yes No If Yes, date claim was lodged: ___/___/___

The purpose of this form is to have a skater medically cleared to return to skating activity following an injury or condition that previously prevented participation in training and competition.

Information for Registered Medical Doctor and Allied Health Professionals

Roller Derby is a full-contact sport. Please be advised if you have any questions regarding this sport, contact Skate Victoria on 03 5182 6816 or 0466 046 158.

Allied Health Professionals can only provide medical clearance for soft tissue injuries only.

A club member in the above professions cannot sign off on a medical clearance.

_____ is medically cleared to return to skating under the following conditions:
(insert legal name)

Please tick box below:

- Skating with **NO** Contact - *where the skater participates in activities that do not involve physical contact or interference from another skater/person, however does involve skater under their own power at varied levels of intensity and the skater may be subject to in a fall.*
- Skating with **LIGHT** contact - *where the skater participates in a session involving light, pre-arranged contact with various forms. Skaters will participate at varied intensities and the skater may be subject to impact caused by falling.*
- skating **FULL** contact - *where the skater is participating in a session where all contact according to the WFTDA rules permitted and the skater.*

Special Instructions: _____

Medical Practitioner's/Allied Health Professional's Full Name: _____

Phone number: _____ Are you primarily a: GP Specialist Surgeon *(please select one)*

Medical Practitioner's/Allied Health Professional's signature: _____ Date: ___/___/___

This form is to be returned to Skate Victoria before resuming skating with your club.

Skate Victoria Office

47 Yarram Street, Yarram, VIC, 3971

Email: office@skatevictoria.com.au

Phone: 03 5182 6816