



**SOUTH OKANAGAN MINOR  
HOCKEY ASSOCIATION**  
P.O. BOX 122, OSOYOOS, BC V0H 1V0

[www.somha.com](http://www.somha.com)

## Return to Play Form

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Patient's Name

Date

Is hereby medically cleared to return to hockey with (check applicable):

- No Restrictions
- Restrictions

Description of restrictions (as required)

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Physician's Name Printed

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Physician's Signature