



**City of Orem
Recreation Department**

**Qualified Health Care Provider Statement Authorizing Player to
Resume Play**

I, _____ (*name of the provider*), am a qualified health care provider and am licensed under title 58 of the Utah Code. Managing and evaluating concussions is within the scope of my practice. Within three years of the date of this Statement, I have successfully completed a continuing education course in the evaluation and management of concussions or traumatic head injuries. I have examined _____ (*name of player*) and it is my opinion that _____ (*name of player*) should be allowed to resume participation in the City of Orem's sporting event.

QUALIFIED HEALTH CARE PROVIDER

DATE