Date: [Insert Date]

To: [Recipient Name/Medical Provider/Coach]
Organization: [School or Club Name]
Subject: Graduated Return to Sport (GRTS) Medical Consultation

Dear [Recipient Name],

I am writing regarding **[Athlete's Full Name]** (DOB: [Date of Birth]), who was diagnosed with a concussion on [Date of Injury].

The athlete has been monitored and has successfully completed the initial rest period. They are currently asymptomatic at rest. I am authorizing the athlete to begin a supervised **Graduated Return to Sport (GRTS) Protocol** as outlined below:

- **Stage 1: Symptom-limited activity** (Daily activities that do not provoke symptoms).
- **Stage 2: Light aerobic exercise** (Walking or stationary cycling; no resistance training).
- **Stage 3: Sport-specific exercise** (Running or skating drills; no head impact activities).
- **Stage 4: Non-contact training drills** (Harder training drills, e.g., passing; may start progressive resistance training).
- **Stage 5: Full contact practice** (Following medical clearance, participate in normal training activities).
- **Stage 6: Return to sport** (Normal game play).

Important Restrictions:

- There should be a minimum of 24 hours between each stage.
- If any symptoms return during exercise, the athlete must stop immediately, rest for 24 hours, and return to the previous successful stage.
- The athlete is **not** cleared for full contact or competition until a final follow-up evaluation is completed and a formal clearance letter is provided.

Please monitor the athlete during these stages and report any recurring symptoms to my office.

Sincerely,

[Physician Signature]
[Physician Name, Credentials]
[Medical Facility Name]
[Phone Number]