

Date: \_\_\_\_\_

**Fitness to play/Return to play**

To whom it may concern,

\_\_\_\_\_ has  
been assessed at my office and has been deemed fit to play  
and practice hockey with his team.

Any questions or concerns may be addressed to me at my  
office.

\_\_\_\_\_

Dr. Ronald T. Linzner B.Sc., D.C.