

Tinted Visor Medical Clearance Form
Spruce Grove/Stony Plain/Parkland County Football Associations

Attention Players and Parents/Legal Guardians:

As per the Canadian Amateur rule book for tackle football Rule 1 Section 11 Article 2-(b) page 17 2008-2009 edition: All eye shields (visors) must be clear. Coloured or tinted eye shields (visors) are illegal unless medical certification is presented.

This is our policy regarding tinted visors on football helmets:

Tinted visors are accepted **ONLY** in these circumstances:

- 1) For authorized medical reasons
- 2) In the lightest tint possible
- 3) Installed on the helmet by authorized football association equipment staff

This addresses our medical concerns for the safety of the player, specifically the ability to assess an injured player's concussion symptoms such as sensitivity to light, confusion, focus and pupil dilation. It also protects the player from voiding insurance coverage due to unauthorized alterations to equipment.

An authorized medical reason for having a tinted visor will **ONLY** be accepted from an **Ophthalmologist** who has current certification of fellowship in Ophthalmology from the Royal College of Physicians and Surgeons of Canada or is an active member of the Canadian Ophthalmological Society.

An Ophthalmologist is the only medical professional who is a doctor AND can examine eyes, recommend corrective lenses AND can diagnose, treat and prescribe for diseases or injuries to eyes. Neither a family doctor, nor an optometrist, nor an optician has the complete qualifications required.

Parent/Legal Guardian:

I, _____, parent/legal guardian of
(print name)

_____, registered in the
(print name of player)
SPMFA / SGDMFA / Midgets / High School Football program, have read and understand the tinted visor medical clearance form and allow the medically authorized use of a tinted visor for my son/daughter, provided it is of the lightest tint possible and only installed on the helmet by authorized football equipment staff.

Signature: _____ Date: _____

Ophthalmologist:

I have read and understand the tinted visor medical clearance form. I give _____
(patient's name) medical clearance to wear a tinted visor.

Medical reason for clearance: _____

Lightest degree of tint needed: _____

Signature: _____ Date: _____

Ophthalmologist's stamp and contact information: