



date: _____

Football Helmet Visor Policy and Requirements

A non-clear (tinted, coloured, or smoked) football helmet Visor must be approved by Football Manitoba (Technical Director) prior to use.

Clear (absolutely no colouration) visors are allowed without specific approval.

If a player wishes to use a non-clear visor then this form shall be completed, signed and submitted to Football Manitoba who will confirm the details and then forward it to the specific team for their records. The form must be available every time the player is active (games and practices) for Officials and League representatives to view.

Without this completed and approved form, a non-clear visor shall be removed prior to the player participating in the game or practice.

The risk of using a non-clear helmet visor is that in case of head/neck injury, the non-clear visor may prevent the medical staff from quickly and accurately assessing the injury since the player's eyes and face cannot be seen. Time will be required to remove the helmet.

In order for a player to use a non-clear visor, an Ophthalmologist (medical doctor) MUST consult with the player to determine that the risk of the player's face being obscured is less than the medical condition requiring a non-clear visor (e.g. specific eye conditions).

Only an Ophthalmologist is accepted as the medical authority for a non-clear visor. Other health care professionals such as Optician, Optometrist, General medical Doctor, Dentist, Sports Injury Specialist, are not authorized to assess the player's medical condition for a non-clear visor.

Player name: _____ Player phone #: _____

Player address: _____

Player birth date: _____ Team Affiliation: _____

*By completing and signing the following, the Ophthalmologist confirms that the noted player must wear a non-clear football helmet visor for a medical condition related to the eyes / face. **Assessment and confirmation of need for a non-clear visor is for the current year only. Player must be re-assessed every year.***

Ophthalmologist Name: _____

Ophthalmologist Signature: _____ Phone #: _____

Medical Reason for need of non-clear visor & Ophthalmologist's comments:

Submit completed form to:

Technical Director, Football Manitoba, 145 Pacific Avenue, Winnipeg, MB R3B 2Z6