Sports Medicine Department

Physician Evaluation form - Concussion

This form is to be completed by a physician and returned to the athletic training staff after evaluation.

Student-Athlete Name: ______________________________ **Date of evaluation**: ____________

Attendance Restrictions:
[ ] Full school days, as tolerated
[ ] Modified/half school days, as tolerated until _________________
[ ] NO School, but may attempt work at home until ______________
[ ] NO School, total rest at home until ________________

Testing:
[ ] NO RESTRICTIONS on testing
[ ] NO testing
[ ] NO *standardized* testing
[ ] Open note/open book or take home tests
[ ] Test in quiet environment
[ ] Extra time for tests/quizzes
[ ] Test across multiple sessions
[ ] Reduced length of tests/quizzes
[ ] Reformat from free response to multiple-choice, or provide cueing
[ ] Modified testing: ____

Workload reduction:
[ ] Reduce overall amount of make-up work (50-75% is recommended)
[ ] Shorten tests/projects
[ ] Limit/reduce computer work
[ ] Eliminate "non-essential" work
[ ] Limit/reduce eye-tracking (reading) work
[ ] Obtain audio books
[ ] Audit classes

Note-Taking:
[ ] Allow student to obtain class notes or outlines ahead of time
[ ] Allow student to obtain notes after class from a classmate

Breaks: [ ] Allow student to rest in health office or athletic training room as needed

Other:
[ ] Allow student to wear hat and/or sunglasses due to light-sensitivity
[ ] Allow snacks or drinks
[ ] Change settings (brightness/contrast) on computer screens
[ ] Avoid busy environments (i.e.-leave classes early to avoid crowded hallways, dining hall, etc.)
[ ] NO Physical Education classes
[ ] NO sports participation
[ ] May begin light, supervised exercise with athletic trainer
[ ] May begin or continue through "Return-to-play" progression with athletic trainer

According to the guidelines of the Consensus Statement from International Sports Concussion meeting, Berlin 2016

Other notes or comments: ____

Physician Name *(or practice/facility stamp)*: ___________________________________

Address: ________________________________ **Phone**: _______________

Signature: ____

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