

To Whom It May Concern:

Student Name: _____ DOB: _____

INJURY STATUS	Date of Concussion Diagnosis by MD/DO: _____
	Date of Injury: _____
<input type="checkbox"/> Has been diagnosed by a MD/DO with a concussion and is currently under our care.	
<input type="checkbox"/> Medical follow-up evaluation is scheduled for (date): _____	
<input type="checkbox"/> Was evaluated and did not have a concussion injury. There are no limitations on school and physical activity.	

ACADEMIC ACTIVITY STATUS <small>(Please mark all that apply)</small>
<input type="checkbox"/> This student is not to return to school.
<input type="checkbox"/> This student may begin to return to school based on graduated progression through the CIF Concussion Return to Learn Protocol .
<input type="checkbox"/> This student requires the necessary school accommodations set forth on the Physician (MD/DO) Recommended School Accommodations Following Concussion form.
<input type="checkbox"/> This student may be released to full academic participation.
<u>Comments:</u> _____
PHYSICAL ACTIVITY STATUS <small>(Please mark all that apply)</small>
<input type="checkbox"/> This student is not to participate in physical activity of any kind.
<input type="checkbox"/> This student is not to participate in recess or other physical activities except for untimed, voluntary walking.
<input type="checkbox"/> This student may begin a graduated return to play progression (see CIF Concussion RTP Protocol form).
<input type="checkbox"/> This student has medical clearance for unrestricted athletic participation (Has completed the CIF Concussion RTP Protocol).
<u>Comments:</u> _____

Physician (MD/DO) Signature: _____

Exam Date: _____

Physician Stamp and Contact Info:

Parent/Guardian Acknowledgement Signature: _____

Date: _____



CIF Concussion Return to Play (RTP) Protocol



CA STATE LAW AB 2127 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

Instructions:

- A graduated return to play protocol **MUST** be completed before you can return to FULL COMPETITION. Below is the CIF RTP Protocol.
 - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., athletic director, coach), must initial each stage after you successfully pass it.
 - You should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms worsen at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below, or as otherwise directed by your physician. Minimum of 6 days to pass Stages I and II.

Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	Limited physical activity that does not exacerbate symptoms for at least 2 days	<ul style="list-style-type: none"> • Untimed walking okay • No activities requiring exertion (weight lifting, jogging, P.E. classes) 	<ul style="list-style-type: none"> • Recovery and reduction/elimination of symptoms
	II-A	Light aerobic activity	<ul style="list-style-type: none"> • 10-15 minutes (<i>min</i>) of brisk walking or stationary biking • Must be performed under direct supervision by designated individual 	<ul style="list-style-type: none"> • Increase heart rate to \leq 50% of perceived maximum (<i>max</i>) exertion (e.g., $<$ 100 beats per min) • Monitor for symptom return
	II-B	Moderate aerobic activity (<i>Light resistance training</i>)	<ul style="list-style-type: none"> • 20-30 min jogging or stationary biking • Body weight exercises (squats, planks, push-ups), max 1 set of 10, \leq 10 min total 	<ul style="list-style-type: none"> • Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm) • Monitor for symptom return
	II-C	Strenuous aerobic activity (<i>Moderate resistance training</i>)	<ul style="list-style-type: none"> • 30-45 min running or stationary biking • Weight lifting \leq 50% of max weight 	<ul style="list-style-type: none"> • Increase heart rate to $>$ 75% max exertion • Monitor for symptom return
	II-D	Non-contact training with sport-specific drills (<i>No restrictions for weightlifting</i>)	<ul style="list-style-type: none"> • Non-contact drills, sport-specific activities (cutting, jumping, sprinting) • No contact with people, padding or the floor/mat 	<ul style="list-style-type: none"> • Add total body movement • Monitor for symptom return
Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor. <i>You must be symptom-free prior to beginning Stage III.</i>				
	III	Limited contact practice	<ul style="list-style-type: none"> • Controlled contact drills allowed (no scrimmaging) 	<ul style="list-style-type: none"> • Increase acceleration, deceleration and rotational forces • Restore confidence, assess readiness for return to play • Monitor for symptom return
		Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> • Return to normal training, with contact • Return to normal unrestricted training 	
MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice <i>(If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above)</i>				
	IV	Return to play (competition)	<ul style="list-style-type: none"> • Normal game play (competitive event) 	<ul style="list-style-type: none"> • Return to full sports activity without restrictions

Athlete's Name: _____ **Date of Injury** _____ **Date of Concussion Diagnosis:** _____