VHSL Concussion Clearance Student-Athlete Name:_____

Date of Injury:___/___/___

Today's Date:___/___/___

The above named athlete has sustained a concussion. This form is to guide the approved licensed healthcare provider in assessing the athlete's readiness to initiate a gradual return to participation. This form complies with the Virginia Board of Education, Guidelines for Policies on Concussions in Student-Athletes. The information is based on current concussion guidelines. Access to these resources can be found at the VHSL website (www.vhsl.org).

Elements of care briefly include: Athletes should not return to practice or play the same day that their brain injury occurred. Athletes should never return to play or practice if they still have ANY signs or symptoms. Athletes should be at both physical and cognitive rest while symptomatic. This may require accommodations at school or with extracurricular activities/work.

Clearance Check List:

No athlete is to be permitted to initiate a Gradual Return to Participation protocol until ALL of the following elements apply (please check each that you have appropriately evaluated):

□ 1. No symptoms at rest or with normal activities of daily living (school tasks, homework, walking) for 24 hours

Headache	Sleeping more than usual	Sadness	Problems remembering
Sensitivity to light or noise	Nausea/Vomiting	Sleeping less than usual	Feeling more emotional
Feeling mentally foggy or slow	Dizziness	Fatigue	Trouble falling or staying asleep
Irritability	Problems concentrating	Balance Problems	

□ 2. Normal Neurologic exam

□ 3. Normal balance and coordination (for example - BESS balance test or timed 3 meter tandem gait test)

□ 4. A return to Baseline or Normal Neurocognitive Testing (check which was used)

□ SCAT2 or SCAT3 □ Computer based (ImPACT, Headminders, CNS Vital Signs) □Other:_____

Recommendations:

□ The student athlete is asymptomatic and has passed all of the above evaluations and may return to full academic participation and begin the school based Gradual Return To Participation protocol.

□ The student athlete is still symptomatic and therefore NOT cleared for practice or competition at this time.

Please follow these academic and PE accommodations:_____

_____

I certify that I am an appropriate licensed healthcare professional permitted to manage concussions per VA statue and I am aware of the current recommendations for concussion evaluation and management.

Medical Provider Name (please print):_____ MD, DO, NP, PA, ATC, Neuropsych. (circle)

Office Address :_____Phone Number :_____

Signature _____