



# Concussion Evaluation and Release

## CONCUSSION EVALUATION AND RELEASE TO PLAY FORM FOR LICENSED HEALTH CARE PROVIDERS

**(SECTION ONE: Completed by School Personnel)**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sport's Team: \_\_\_\_\_ Grade: \_\_\_\_\_ Number of Past Concussions: \_\_\_\_\_

Brief Description by School Personnel of How Injury Occurred and Why Concussion is Suspected:

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**(SECTION TWO: Completed by Licensed Health Care Provider)**

Per Indiana Code 20-34-7, a student-athlete who is suspected of suffering a concussion may not return to play until the student-athlete has been evaluated by a **licensed healthcare provider trained in the evaluation and management of concussions and head injuries**, receives a written clearance to return to play from the health care provider who evaluated the student-athlete, **and not less than twenty-four (24) hours have passed since the student-athlete was removed from play.**

Health Care Provider Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Licensing Board: \_\_\_\_\_

I have evaluated the student-athlete mentioned above and the student-athlete is:

**NOT** cleared to participate in any sports-related activities (including gym class) until seen for a follow-up exam

Cleared, as of today, to return to all activities, including sports, without restrictions

Cleared to return to all activities, including sports, without restrictions, on the following date\* - \_\_\_\_\_

Cleared to return to sports following the schedule below:

*Step 1:* May participate in light activity on the following date\* - \_\_\_\_\_

(10 minutes on an exercise bike, walking, or light jogging; but no weight lifting, jumping, or hard running)

*Step 2:* May participate in moderate activity on the following date\* - \_\_\_\_\_

(Moderate intensity activity on an exercise bike, jogging, or weight lifting {reduced time and/or weight than normal})

*Step 3:* May participate in heavy; non-contact physical activity on the following date\* - \_\_\_\_\_

(Sprinting, running, high-intensity exercise bike, and weight lifting; but no contact sports)

*Step 4:* May return to practice and full contact in a controlled practice setting on the following date\* - \_\_\_\_\_

*Step 5:* May return to full gameplay on the following date\* - \_\_\_\_\_

Other – please list: \_\_\_\_\_

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\* Please note that if signs and symptoms of a concussion occur, the student must return to the previous stage and parents must contact the licensed health care provider for instructions.

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(Signature of Health Care Provider)

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(Date)