

**Princeton Day School
Head Injury Physician Clearance**

Students name: _____ DOB: _____

Date of exam: _____ Date of injury: _____ Sport: _____

Does this student have a concussion? yes no

**Until the student has fully recovered, the following modifications are recommended:
(check all that apply)**

___ **Phase 1 NO RETURN TO SCHOOL** – May return on (date)_____ as symptoms allow.

___ **Phase 2 RETURN TO SCHOOL WITH THE FOLLOWING MODIFICATIONS:**

- ___ Shortened day. Recommend _____ hours per day until: (date) _____
- ___ Shortened classes. Maximum class length: _____ minutes
- ___ No physical education or sports at this time
- ___ No significant classroom or standardized testing at this time
- ___ No band/music/chorus/TV classes
- ___ Allow extra time to complete coursework/assignments and tests
- ___ Provide written instructions for all coursework/assignments
- ___ Take rest breaks during the day as needed. Student should report to the nurse
- ___ Allow students to use sun glasses, computer monitor glare filter, or ear plugs to decrease auditory and visual stimulation
- ___ Allow increased time to get from class to class
- ___ Lessen class work load by _____ %
- ___ Lessen homework load by _____ %
- ___ Maximum length of nightly homework: _____ minutes
- ___ May complete one test daily

___ **Phase 3 MAY RETURN TO ALL ACADEMIC ACTIVITY, NO ACCOMODATIONS** Athletes who are symptom free for 24 hours must repeat the ImPact test (post-injury test) and verify it is back to baseline values. If any symptoms are exacerbated, they must report to the nurse and return to the level of activities that did not cause symptoms.

___ **Phase 4 RETURN TO PLAY PROTOCOL FOR ATHLETES** – Once the student is symptom free for 24 hours, has a normal ImPact test, and is cleared by the doctor, they may start the return to play protocol supervised by the Certified Athletic Trainer.

- › Step 1: Exertional testing by the Certified Athletic Trainer
- › Step 2: Light aerobic exercise – walking, stationary bike
- › Step 3: Sport-specific training (eg. skating in hockey, running in soccer etc.)
- › Step 4: Non-contact training drill

- › Step 5: Full-contact training
- › Step 6: Game play Additional Notes:

Healthcare provider name: _____

Signature: _____ Date: _____

Office Stamp

