

Student: _____

Date of injury: _____

Referred by: _____ (Nurse/Athletic Trainer)

What happened? _____

Symptoms Reported: _____

Cognition	WNL	Impaired	Not Assessed
Balance	WNL	Impaired	Not Assessed
Oculomotor screening	WNL	Increased symptoms/Nystagmus	Not Assessed

King-Devick time: _____

Additional Information : _____

Note to parents/guardians: Please submit this completed form to the school district so that it may be reviewed by the medical director to determine next steps.

Post Head Injury Physician Evaluation

Does the patient have a concussion?

Yes

Physical Activity Restrictions (check 1 box)

- No physical activity (No PE credit)
- May walk only at PE/No Athletic participation
- May begin steps 1-3 of graduated return to activity per BSCSD protocol ([see back](#))
- May complete graduated return to activity per BSCSD protocol ([see back](#))

Academic Accommodations (Check all the apply)

- Take breaks throughout the day in guidance or health office as needed
- Transition classes before the bell
- Do not attend Shop/Music/PE class
- No exams, limited exams per day or extra time on exams
- Limit screen time/notes printed out
- Decrease homework load
- Allow use of sunglasses or ear plugs
- None

No

Please provide a diagnosis to explain reported symptoms:

*Per NYSED Guidelines (2023)- it is at the discretion of the district medical director to accept a private health care provider clearance or to require the student to complete a gradual return to play protocol prior to permitting the student to return to activity.

Physician Signature

Date: _____

Physician Stamp:

Graduated Return to Sport Strategy- Adapted from "Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport—Amsterdam, October 2022"

Step	Exercise Strategy	Activity	Goal
1	Symptom limited activity	daily activities that do no exacerbate symptoms	gradual reintroduction to school
2	Aerobic exercise 2a-light (55% max HR) then 2b-moderate (70% max HR)	team warm up or similar activities that does not result in more than mild and brief exacerbation of concussion symptoms	increase heart rate
3	Individual sport specific exercise	running, change of direction, agility. No activities that include risk of contact	add movement, change direction
steps 4-6 begin after resolution of any symptoms, abnormalities in cognitive function, including with and after physical exertion. Clearance by BSCSD medical director needed			
4	Non-contact-training	exercise to high intensity including more challenging drills, should include more team activities	resume usual intensity and concentration
5	Full contact practice	participate in normal training activities	restore confidence and assess skills
6	Return to sport	normal game play	

Athletes may begin Step 1 (i.e., symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (i.e., more than two points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day. Athletes experiencing concussion-related symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to RTS should be provided by an HCP before unrestricted RTS as directed by local laws and/or sporting regulations.

maxHR, predicted maximal heart rate according to age (i.e., $220 - \text{age}$) or as directed by the healthcare provider