



Medical Clearance for Student-Athlete Suspected Head Injury

Name of Athlete _____
Sport/season _____
Date Received _____

Section 1: Initial Observation to be completed by Coach, Athletic Trainer and/or First Responder

Athlete's Name _____ DOB _____ School _____ Sport _____

Following the injury, did the athlete experience:	Circle One	Symptoms	Comments
Loss of consciousness or unresponsiveness	Yes / No		
Seizure or convulsive activity	Yes / No		
Balance problems/unsteadiness	Yes / No		
Dizziness	Yes / No		
Headache	Yes / No		
Nausea/Vomiting	Yes / No		
Emotional Instability (abnormal laughing, crying, anger)	Yes / No		
Confusion/Easily distracted	Yes / No		
Sensitivity to Light/noise	Yes / No		
Vision problems?	Yes / No		
Neck Pain	Yes / No		

Describe the injury, or give additional details: _____

Injury History: Name of Person Completing Form: _____ Relationship: _____

Date of Injury: _____ Time of Injury: _____ Phone Number: _____

Section 2: To Be Filled Out By a Licensed Health Care Provider (LHCP)

Medical Provider Recommendations According to COMAR 13A.08.08.01, only licensed health care providers (LHCP) trained in the evaluation and management of concussions are permitted to authorize a student athlete to return to play

*This return to play (RTP) plan is based on today's evaluation

LHCP Diagnosis:

- No Concussion - May Return to Full Academic and Physical Activity
 Concussion

*** PLEASE NOTE THESE REQUIREMENTS TO RETURN TO SPORTS PLEASE COMPLETE***

1. Athletes are not allowed to return to practice or play the same day that their head injury occurred
2. Athletes should never return to play or practice if they still have **ANY SYMPTOMS**
3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating physician

SCHOOL (ACADEMICS) COMPLETED BY LHCP

- May return to school now
 May return to school on ____/____/____
 Out of school until follow up (F/u is scheduled for _____)
 Limitations or Accommodations (please see below or attached)

SPORTS/PHYSICAL ACTIVITIES

- May start return to play progression under the supervision of the health care provider for your school/team
 Must return to medical provider for final clearance to return to competition and physical activities

Additional Comments/Instructions: _____

LHCP Name: _____

Signature: _____

Date: _____ Phone Number: _____

Office Stamp:

I certify that I am aware of the current medical guidance on concussion evaluation and management.

- All Maryland public school athletes must have a Licensed Health Care Providers signature to return to play
- More than one evaluation is typically necessary for medical clearance for concussion, as symptoms may not fully present for days.

RETURN COMPLETED FORM TO SCHOOL NURSE, ATHLETIC DIRECTOR, AND ATHLETIC TRAINER

Back of Form:

Appropriate Educational Accommodations

Post-Concussion Effect	Functional School Problem	Accommodation/ Management Strategy
Attention/ Concentration	Short focus on lecture, class work, homework	Shorter assignments, break down tasks, lighter workload
“Working” Memory	Holding instructions in mind, reading comprehension, math calculation, writing	Repetition, written instructions, use of calculator, short reading passages
Memory Consolidation/ Retrieval	Retaining new information, accessing learned info when needed	Smaller chunks to learn, recognition cues
Processing Speed	Keep pace with work demand, process verbal information effectively	Extended time, slow down verbal info, comprehension-checking
Fatigue	Decreased arousal/ activation to engage basic attention, working memory	Rest breaks during classes, homework, and exams
Headaches	Interferes with concentration	Rest breaks
Light/Noise Sensitivity	Symptoms worsen in bright or loud environments	Wear sunglasses, seating away from bright sunlight or other light. Avoid noisy/ crowded environments such as lunchroom, assemblies, hallways.
Dizziness/Balance Problems	Unsteadiness when walking	Elevator pass, class transition prior to bell
Sleep Disturbance	Decreased arousal, shifted sleep schedule	Later start time, shortened day
Anxiety	Can interfere with concentration; Student may push through symptoms to prevent falling behind	Reassurance from teachers and team about accommodations; Workload reduction, alternate forms of testing
Depression/Withdrawal	Withdrawal from school or friends due to stigma or activity restrictions	Time built in for socialization
Cognitive Symptoms	Concentrating, learning	See specific cognitive accommodations above
Symptom Sensitivity	Symptoms worsen with <i>over</i> -activity, resulting in any of the above problems	Reduce cognitive or physical demands below symptom threshold; provide rest breaks; complete work in small increments until symptom threshold increases

Source: Sady, M.D., Vaughan, C.G. & Gioia, G.A. (2011) School and the Concussed Youth: Recommendations for Concussion Education and Management. *Physical Medicine and Rehabilitation Clinics of North America*. 22, 701-719. (pp.714)