Medical Clearance for Gradual Return to Sports Participation
Following Concussion

To be completed by the Licensed Health Care Provider (LHCP)
(This cannot be a parent or guardian)

The above-named student-athlete sustained a concussion. The purpose of this form is to provide initial medical clearance before starting the Gradual Return to Sports Participation Program, as directed by current medical evidence (2010 AAP Sport-Related Concussion in Children and Adolescents, 2008 Zurich Concussion in Sport Group Consensus).

Criteria for Medical Clearance for Gradual Return to play (Check each)

The student-athlete must meet all of these criteria to receive medical clearance.

- 1. No Symptoms at rest for minimum 24 hours/ no medication use to manage symptoms (e.g., headaches)
- 2. No return of symptoms with typical physical and cognitive activities of daily living
- 3. Neurocognitive functioning at typical baseline
- 4. Normal Balance and coordination
- 5. No other medical/neurological complaints/findings

Detailed Guidance

1. Symptom checklist: None of these symptoms should be present. Assessment of symptoms should be broader than athlete report alone. Also consider observational reports from parents, teachers, others.

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
<th>Emotional</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td>Sensitivity to light</td>
<td>Feeling mentally foggy</td>
<td>Irritability</td>
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<tr>
<td>Nausea</td>
<td>Sensitivity to noise</td>
<td>Problems concentrating</td>
<td>Sadness</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Numbness/ tingling</td>
<td>Problems remembering</td>
<td>Feeling more emotional</td>
</tr>
<tr>
<td>Visual problems</td>
<td>Vomiting</td>
<td>Feeling more slowed down</td>
<td>Nervousness</td>
</tr>
<tr>
<td>Balance problems</td>
<td>Dizziness</td>
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</tbody>
</table>

2. Extertional assessment (Check): The student-athlete exhibits no evidence of return of symptoms with:
- __ Cognitive activity: concentration on school tasks, home activities (e.g. TV, computer, pleasure reading)
- __ Physical activity: walking, climbing stairs, activities of daily living, endurance across the day

3. Neurocognitive Functioning (Check): The student-athlete’s cognitive functioning has been determined to have returned to its typical pre-injury level by one or more of the following:
- __ Appropriate neurocognitive testing
- __ Reports of appropriate school performance/ home functioning (concentration, memory, speed) in the absence of symptoms listed above

4. Balance & Coordination Assessment (Check): The student-athlete is able to successfully perform:
- __ Romberg Test OR SCAT2 (Double leg, single leg, tandem stance, 20 secs, no deviations from proper stance)
- __ 5 successive Finger-to-Nose repetitions < 4 sec

I certify that: I am aware of the current medical guidance on concussion evaluation and management; the above-named student-athlete has met all the above criteria for medical clearance for his/her recent concussion, and as of this date is ready to return to a progressive Gradual Return to Sports Participation Program (lasting minimum of 5 days).

Check only ONE

☐ Post-injury ImPACT test was used
☐ Post-injury ImPACT test was NOT used

LHCP Name (PRINT)_________________________________________ Phone # _____________________

Signature ________________________________________________ Date: ________________