

# Evaluation of Suspected Head Injury and Medical Clearance for Diagnosed Concussion

To be completed by a Licensed Health Care Provider (LHCP)

Directions: Provide this form to the health care provider evaluating the student's injury. Return form to school nurse immediately. If the student is diagnosed with a concussion, the form will be copied by the school nurse and the original form returned to the parent to use at the follow-up visit that clears the student for participation in athletics.

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

Date of Injury: \_\_\_\_\_

## Initial Evaluation

|                  |  |
|------------------|--|
| Date: _____      | LHCP* Name: _____  |
| Signature: _____ | Phone: _____   |
| Diagnosis:       | <input type="checkbox"/> No Concussion, may immediately resume all activities without restriction  |
|                  | <input type="checkbox"/> Concussion <sup>o</sup>   |
|                  | Date student may return to school: _____   |
|                  | <b>Note: Student will be removed from all sports and physical education activities at school until medically cleared. School will implement standard academic accommodations unless specific accommodations are requested.</b> |
|                  | <b>* (LHCP is a Physician, Nurse Practitioner, Physician's Assistant, Neuropsychologist)</b>   |

## <sup>o</sup>Follow-Up Evaluation (Required for Athletes with Concussions)<sup>1</sup>

All student athletes with concussions must be medically cleared before beginning school-supervised Gradual Return to Sports /Physical Education Participation (RTP) program. According to COMAR 13A.06.08.01, the following licensed health care providers are permitted to authorize a student athlete to return to play:

- A licensed physician trained in the evaluation and management of concussions
- A licensed physician's-assistant trained in the evaluation and management of concussions
- A licensed nurse practitioner trained in the evaluation and management of concussions
- A licensed psychologist with training in neuropsychology and in the evaluation and management of concussions, or
- A licensed athletic trainer, in collaboration with the student's physician or in collaboration with a treating physician who has an established physician-patient relationship with the student.

In order to be medically cleared for a supervised return to play the student athlete must meet all of these criteria<sup>1</sup> :

- No symptoms at rest
- No return of symptoms with typical activities of daily living
- Neurocognitive functioning at typical pre-injury level
- Normal balance and coordination
- No other medical/neurological complaints/findings.

I certify that I am aware of the current medical guidance on concussion evaluation and management; the above-named student-athlete has met all of the above criteria for medical clearance for his/her recent concussion, and as of the date below is reading to return to a supervised Gradual Return to Sports/Physical Education Participation (RTP) program (lasting a minimum of 5 days.) Note: Students whose symptoms return during the RTP progression will be directed to stop the activity and rest until symptom free. The student will resume activity at the previous stage of the protocol that was completed without recurrence of symptoms. Students with persistent symptom return will be referred to their health care provider for evaluation.

Date: \_\_\_\_\_ LHCP Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

<sup>1</sup> 2010 AAP Sport-Related Concussion in Children and Adolescents, 2008 Zurich Concussion in Sport Group Consensus. (MSDE-APP)