



Name \_\_\_\_\_  
 Date of Injury \_\_\_\_\_  
 Sport \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_  
 Phone \_\_\_\_\_

**Medical Clearance for Gradual Return to Sports Participation  
 Following Concussion**

**To be completed by the Authorized Health Care Provider (AHCP)  
 (Physician, Neuropsychologist, Nurse Practitioner, Physician's Assistant)**

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.

**Criteria for Medical Clearance for Gradual Return to Play as cited by 2010 AAP Sport-Related Concussion in Children and Adolescents, 2008 Zurich Concussion in Sport Group Consensus. (Check each)**

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

- 1. No symptoms at rest
- 2. No return of symptoms with typical and cognitive activities of daily living
- 3. Neurocognitive functioning at typical pre-injury level
- 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.**

Physical		Cognitive	Emotional	Sleep
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/tingling	Problems remembering	More emotional	Sleeping less than usual
Visual Problems	Vomiting	Feeling slowed down	Nervousness	Trouble falling asleep
Balance Problems	Dizziness			

- 2. Exertional 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'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): Student-athlete is able to successfully perform (SCAT2):**  
 \_\_\_\_\_ Double leg, single leg, tandem stance (20 seconds, 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).**

AHCP Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Distribution: White-Parent; Yellow-Athletic Trainer; Pink-School Health Room; Goldenrod-AD**

**RETURN FORM TO SCHOOL NURSE**