



Hanover County Public Schools Concussion Medical Evaluation Form

To Be Completed by Medical Personnel and returned to the Licensed Athletic Trainer or School Nurse

This athlete is being referred for evaluation following a concussion or a possible concussion. There are concerns about his/her return to sport or activity at this time. Please evaluate the athlete's readiness to return to sport based on the description of their sport/activity listed below. As part of your evaluation, please complete a concussion exam as well as a neurological examination and any other medical tests that you feel are appropriate. The athlete will be required to return this completed form and attached results to the Licensed Athletic Trainer (High School level) or School Nurse (Middle School level) for participation.

Athlete Name: _____ Date: _____

Athlete DOB: _____ Sport(s)/Activity: _____

1. Following your current diagnosis, in your medical opinion, does this athlete have or did sustain a concussion?
a) Yes _____ b) No _____
2. If Yes to question 1, in your medical opinion, is this athlete cleared to begin the return to play progression?
a) Yes _____ b) No _____
3. If No to question 1, the athlete will be returned directly to play. _____

Athletes should not return to practice or play the same day that their brain injury occurred. Athletes should never return to play or practice if they still have ANY signs or symptoms. Athletes should be at both physical and cognitive rest while symptomatic. This may require accommodations at school or with extracurricular activities/work.

Clearance Check List: No athlete is to be permitted to initiate a Gradual Return to Participation protocol until ALL of the following elements apply (please check each that you have appropriately evaluated):

1. No symptoms at rest or with normal activities of daily living (school tasks, homework, walking) for 24 hours

Headache	Nausea/Vomiting	Fatigue
Sensitivity to light or noise	Dizziness	Balance Problems
Feeling mentally foggy or slow	Problems concentrating	Problems remembering
Irritability	Sadness	Feeling more emotional
Sleeping more than usual	Sleeping less than usual	Trouble falling or staying asleep

2. Normal Neurologic exam (If abnormal describe below.)
Normal _____ Abnormal _____

3. Normal balance and coordination (for example - BESS balance test or timed 3 meter tandem gait test)
Normal _____ Abnormal _____

4. A return to Baseline or Normal Neurocognitive Testing (check which was used):
Normal _____ Abnormal _____
- SCAT2 or SCAT3
 - Computer based (ImPACT, Headminders, CNS Vital Signs, XLNTBrain)
 - Other: _____

Any comments regarding the evaluation:

Recommendations:

The student athlete is asymptomatic and has passed all of the above evaluations and may return to full academic participation and begin the school based Gradual Return to Participation protocol.

The student athlete is still symptomatic and therefore NOT cleared for practice or competition at this time.

The student can return with the following accommodations:

I certify that I am an appropriate licensed healthcare professional permitted to manage concussions per VA statute and I am aware of the current recommendations for concussion evaluation and management.

Medical Provider Name (please print): _____ MD, DO, NP, PA, ATC, Neuropsych. (circle)

Office Address: _____

Phone Number: _____ email: _____

Signature _____

Return to play check list:

Date	Stage	Activity	Initial if stage complete. Comment if not complete.
	1	Light Jogging (if any symptoms reappear during these 7 phases the athlete will return back to stage one when symptoms disappear)	
	2	Jogging and Sprinting	
	3	Jogging, Sprinting, Sit-ups and Push-ups	
	4	Sport specific drills without any possibility of contact in the head with another player or the ball or any other equipment	
	5	Sport specific drills without any possibility of contact again	
	6	Sport specific drills using the ball or equipment, but NO CONTACT with another player	
	7	Contact or a full participation as long as there have been no symptoms in the last 6 stages.	

For athletic trainer or school nurse: Athlete/Student has completed the return to play guidelines:

Signature

Date