



Medical Clearance for Suspected Head Injury

Must be Completed by a Licensed Health Care Provider (LHCP)

Directions for the parent/guardian:

1. Provide this form to the health care provider evaluating the student's injury and return to the school nurse immediately.
2. Keep white part and, if there is a concussion, take it to the **required** follow-up visit that clears the student for athletic participation.

Athlete's Name	Date of Injury
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Initial Evaluation **Must be Completed by a Physician, Nurse Practitioner, Physician's Assistant, or Neuropsychologist**

Diagnosis: **No Concussion** Student may resume all activities without restriction

Concussion*

Date student may return to school on: _____

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 accommodating are requested.

*2010 AAP Sport-Related Concussion in Children and Adolescents, 2008, Zurich Concussion in Sport Group Consensus

LHCP Name	Office phone
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Signature	Date
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Follow-up Evaluation **Required for Athletes with Concussions**

All student athletes with concussions must be medically cleared before beginning 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:

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| 1. A licensed physician trained in the evaluation and management of concussions. | 4. A licensed psychologist with training in neuropsychology and the evaluation and management of concussions. |
| 2. A licensed physician's assistant trained in the evaluation and management of concussions in collaboration with the physician's assistant's supervising physician or alternate supervising physician within the scope of the physician's assistant's Delegation Agreement approved by the Board of Trustees. | 5. A licensed athletic trainer trained in the evaluation and management of concussions in collaboration with the athletic trainer's supervising physician or alternate supervising physician within the scope of the physician's assistant's Evaluation and Treatment protocol approved by the Board of Physicians. |
| 3. A licensed nurse practitioner trained in the evaluation and management of concussions. | |

Student is cleared to return to a supervised RTP program on: _____ (Date)

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 criteria for medical clearance for his/her recent concussion, and as of the date below is ready to return to a supervised Gradual Return to Sports/Physical Education Participation (RTP) program (lasting a minimum of five 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 symptoms. Students with persistent symptom return will be referred to their healthcare provider for evaluation.

LHCP Name	Phone	Signature
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