

## Concussion: Graded "Return-to-Participation" Documentation

To be completed by athlete's parent/guardian

Athlete's name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age/grade: \_\_\_\_/\_\_\_\_

Date of injury: \_\_\_\_\_ Documentation completed by: \_\_\_\_\_

		Graded Symptoms Checklist									
Activity preceding symptom		Date/Time:	Date/Time:	Date/Time:	Date/Time:	Date/Time:	Date/Time:	Date/Time:	Date/Time:	Date/Time:	Date/Time:
<b>Symptoms</b>	Headache										
	Pressure in head										
	Neck pain										
	Nausea or vomiting										
	Dizziness										
	Blurred vision										
	Balance problems										
	Sensitivity to light										
	Sensitivity to noise										
	Feel slowed down										
	Feel like "in a fog"										
	Don't feel "right"										
	▼ concentration										
	▼ memory										
	Fatigue/low energy										
	Confusion										
	Drowsiness										
	Difficulty sleeping										
More emotional											
Irritability											
Sadness											
Nervous/anxious											

**Comments:**

Information provided by Providence Sports Care Center:



## Concussion: Return-to-Participation Medical Release

To be completed by a physician

Athlete's name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age/grade: \_\_\_\_/\_\_\_\_ Date of injury: \_\_\_\_\_

Dear Physician,

This athlete was evaluated and determined to have sustained a concussion on \_\_\_\_\_. Since that time, the athlete has been monitored for symptoms during academic and sports activities (see reverse side). Please evaluate the athlete and provide appropriate recommendations to be followed by athlete, coaches, teachers, parents, etc. Thank you for your time and assistance.

Additional information can be found at: [www.cdc.gov/concussion/HeadsUp/physicians\\_tool\\_kit.html](http://www.cdc.gov/concussion/HeadsUp/physicians_tool_kit.html)

### Return to sports participation is allowed only after following these graduated steps:

- 1. No activity:** Complete rest, both physical and cognitive. This may include staying home from school or limiting school hours and/or homework since activities requiring concentration and attention may worsen symptoms and delay recovery.
- 2. Light aerobic exercise:** Low-intensity walking or stationary bike riding; no weight lifting or resistance training

### Before progressing to the next stages, the student must be healthy enough to return to school full time.

- 3. Sport-specific exercise:** Begin sprinting, dribbling basketball or soccer; no helmet or equipment allowed; no head-impact activities
- 4. Non-contact training:** Begin more complex drills in full equipment, weight training or resistance training

### Physician release is required before progressing to Steps 5 and 6.

- 5. Full-contact practice:** Participate in normal training activities.
- 6. Unrestricted return-to-participation and full competition** (also complete "Return to Participation" form)

The athlete should spend a minimum of one day at each step. If symptoms recur, the athlete must stop the activity.

The student must rest for a minimum of 24 hours and then resume activity one step below where he/she was when the symptoms occurred.

**Graduated return applies to all activities, including academics, electronics, sports, riding bikes, PE classes, chores, playing with friends, etc.**

### THIS SECTION TO BE COMPLETED BY PHYSICIAN OR HEALTH CARE PROFESSIONAL

- This athlete may **NOT** return to any sports activity until medically cleared.
- Athlete should **remain home from school** to rest and recover until next follow up with physician on \_\_\_\_\_ (date).
- Please **allow classroom accommodations**, such as extra time on tests, a quiet room to take tests, and a reduced workload when possible.  
Additional recommendations: \_\_\_\_\_
- Athlete may **begin graduated return at stage circled above.**

Physician/health care professional's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/health care professional's name/title (print): \_\_\_\_\_

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