Athlete Name: _____

Date of Injury: _____

Concussion Follow-Up Evaluation

This form is to be completed by a medical professional (MD, DO, NP, or PA) trained in the evaluation and management of concussions.

Injury Status

- ☐ Has been diagnosed by a MD/DO with a concussion.
- ☐ Was evaluated by a MD/DO and did not have a concussion injury. There are no limitations on school and physical activity.

Sports Participation

Please provide recommendation(s) for the athlete regarding their return to athletic/sport participation. ***Mark all that apply:***

- ☐ 1. This student is not to participate in physical activity of any kind **(Follow up required).**
- ☐ 2. This student is not to participate in recess or other physical activities except for untimed, voluntary walking **(Follow up required).**
- ☐ 3. This student may begin and complete a gradual return to play progression under the supervision of the athletic trainer for CCA. May return to competition upon successful completion of return to play. (**No follow up required).**
- ☐ 4. This student may begin a gradual return to play progression under the supervision of the athletic trainer for CCA. This Student **must return to the physician for final clearance before returning to competition (Follow up required).**
- ☐ 5. This student has medical clearance for unrestricted athletic participation. **(No Concussion Present)**

Graduated Return to Play Protocol

If boxes 3, 4, or 5 were checked by a Physician, student can begin Stage I of the Return to Play Protocol, under the supervision of the certified athletic trainer for CCA. If 1 or 2 were selected student will not begin return to play protocol until physician clearance

- Stage I: Limited physical activity for at least 2 days. Looking for elimination of symptoms.
- Stage II-A: Light aerobic activity. 10-15 minutes of activity. Monitor for symptom return.
- Stage II-B: Moderate aerobic activity. 20-30 minutes of activity. Monitor for symptom return.
- Stage II-C: Strenuous aerobic activity or weightlifting. Monitor for return of symptoms.
- Stage II-D: Non-Contact training with sport specific drills. Monitor for symptom return.
- Stage III-A: Limited contact practice. Monitor for symptom return.
- Stage III-B: Full contact practice. Monitor for symptom return.
- Stage IV: Return to play (competition). Participation without restrictions.

Comments:

Medical Office Information:

Date of Evaluation: _____ Follow-up Date (If Requested): _____

Physician Stamp: Physician Signature: _____

Please return to Athletic Trainer: Lauren Smart, MS, ATC, CES