Physician Evaluation Form Post Concussion/MTBI

- Return To Participation Protocol -

Must be completed before student can begin the Return to Play Protocol (Form C). Hastings UFSD requires that anyone with a concussion (MTBI) be evaluated no earlier than 7 days following the initial injury. The Final Clearance date for Return to Play can be no more than 72 hours from the scheduled date of physician appointment.

Student Name: _______________  Age: _____  Grade: _____
Sport & Team: _______________  Date of Injury: __________    Time: _____
Description of Injury: __________________________________________________________

Current Signs & Symptoms: (please circle)

<table>
<thead>
<tr>
<th>Dizziness</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Nausea</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Fogginess</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Photophobia</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Problems concentrating</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Anterograde Amnesia  
* Yes | No

Retrograde Amnesia  
** Yes | No

Drowsy/Sleepy       
Yes | No

Other signs & symptoms observed:

Additional Comments: _________________________________________________________

Recommendations/Limitations: __________________________________________________

Final Determination and Permission for Return to Participation:

Is the student-athlete ready to return to participation through the Gradual Return to Play Protocol?  ☐ Yes  ☐ No

If no, please list the next follow up date: ___________

(an additional Form B will need to be completed at the time of the next physician’s visit)

Once asymptomatic, with clearance from treating physician, all students will participate in the Return to Play Protocol.

Date of Evaluation: ___________    Clearance Date to begin RTP: ___________

Gradual Return to Play Protocol (Form C)

In order to progress from one stage to the next, symptoms may not return during or after exercise. If symptoms return, the student will return to the previous day’s exercises.

Step 0 – No exertion or activity until asymptomatic and clearance is granted by treating physician. (Form B)

Step 1 – Low impact, non strenuous, light aerobic activity including walking, light jogging or light stationary biking.

Step 2 – Moderate levels of physical activity with movement of the body and head. This includes moderate jogging, brief running, moderate intensity stationary biking and low intensity resistance training (lower weight, higher reps, no bench press or squat, reduced time and/or weight from typical workout).

Step 3 – Sport specific non-contact activity and/or moderate weight training with a spotter. This includes sprinting/running, conditioning drills and/or high intensity stationary biking.

Step 4 – Sport specific activity, non-contact drills. Higher resistance weight training with a spotter.

Step 5 – Full contact in a controlled practice.

Step 6 – Return to full activity with clearance by District Physician.

Date of Evaluation: ___________    Clearance Date to begin RTP: ___________

Treating Physician/Practitioner’s

Name: ___________________________________________________________  Signature: __________________________
Address: ___________________________________________________________  Telephone #: __________________________
City/State/Zip: _________________________________________________________  Date of Completion: __________________________