

# Hastings Union Free School District

## Physician Evaluation Form Post Concussion/MTBI

Form B

**- 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)

Dizziness	Yes	No
Headache	Yes	No
Nausea	Yes	No
Fogginess	Yes	No
Fatigue	Yes	No
Photophobia	Yes	No
Blurred vision	Yes	No
Problems concentrating	Yes	No

Anterograde Amnesia *	Yes	No
Retrograde Amnesia **	Yes	No
Drowsy/Sleepy	Yes	No

Student should be **without any of the following signs/symptoms** in order to qualify to participate in the Gradual Return to Play Plan.

\* **Anterograde Amnesia:** Amnesia for events that occurred **after** a precipitating event.  
 \*\* **Retrograde Amnesia:** Amnesia for events that occurred **before** a precipitating event.

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.

**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: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Date of Completion: \_\_\_\_\_