

# FORM

2011

7522F.1

1 of 2

STUDENTS

## CONCUSSION PROCEDURES – FORM B

### Medical Evaluation

Name of Student: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Date of First Evaluation: \_\_\_\_\_

Time of Evaluation: \_\_\_\_\_

**Please indicate yes or no in your respective columns. First Doctor use column 1 and second Doctor use column 2.**

#### Symptoms Observed: First Doctor Visit (Col. 1)

#### Second Doctor Visit (Col. 2)

Dizziness	Yes	No	Yes	No
Headache	Yes	No	Yes	No
Tinnitus	Yes	No	Yes	No
Nausea	Yes	No	Yes	No
Fatigue	Yes	No	Yes	No
Drowsy/Sleepy	Yes	No	Yes	No
Sensitivity to Light	Yes	No	Yes	No
Sensitivity to Noise	Yes	No	Yes	No
Anterograde Amnesia <i>(after impact)</i>	Yes	No	Yes	No
Retrograde Amnesia <i>(backwards in time from impact)</i>	Yes	No	Yes	No

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STUDENTS

## CONCUSSION MANAGEMENT - FORM B

First Doctor Visit:

Did the student sustain a concussion?      Yes    No    (Circle one)

**\*\* Post-dated releases will not be accepted. The student must be seen and released on the same day.**

**Please note that if there is a history or previous concussion, then referral for professional management by a specialist or concussion clinic should be strongly considered.**

Additional Findings/Comments: \_\_\_\_\_  
\_\_\_\_\_

Recommendations/Limitations: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print or stamp name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

.....  
Second Doctor Visit:  
(If not cleared at the first visit.)

Date of Second Evaluation: \_\_\_\_\_

Time of Evaluation: \_\_\_\_\_

**Student must be completely symptom free in order to begin the return to play progression. If student still has symptoms more than seven days after injury, referral to a concussion specialist/clinic should be strongly suggested.**

Please check one of the following:

\_\_\_\_\_ Student is asymptomatic and is ready to begin the return to play progression.

\_\_\_\_\_ Student is still symptomatic more than seven days after injury.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print or stamp name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Implemented: 6/13/11