



# Medical Provider Concussion Evaluation Recommendations

(To be completed by Licensed Physician (MD/DO) or an LAT, PA, or NP under treating physician's supervision)

Name of Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

All NC public high school and middle school student-athletes must have a Licensed Physician's (MD/DO) signature prior to resuming full participation in athletics. Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians should not make clearance decisions at the time of first visit. All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Providers should refer to NC Session Law 2011-147, House Bill 792 Gfeller-Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select. (Adapted from the Acute Concussion Evaluation (ACE) care plan (<http://www.cdc.gov/concussion/index.html>) and the NCHSAA concussion Return to Play Protocol.) The recommendations indicated below are based on today's evaluation.

### RETURN TO SCHOOL:

PLEASE NOTE →

1. The North Carolina State Board of Education approved "Return-To- Learn after Concussion" policy effective beginning 2016-2017 school year to address learning and educational needs for students following a concussion.
2. A sample of accommodations is found on the **Concussion Return to Learn Recommendations** page.

### SCHOOL (ACADEMICS):

(Physician identified below should check all recommendations that apply.)

- Out of school until \_\_\_\_\_.
- May return to school on \_\_\_\_\_ with accommodations as selected on the **Concussion Return to Learn Recommendations** page.
- May return to school now with no accommodations needed.

### RETURN TO SPORTS:

PLEASE NOTE →

A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and an athlete can return to sport safely. The **NCHSAA Concussion Return to Play Protocol** has been designed using a step-by-step progression.

### SPORTS & PHYSICAL: EDUCATION

(Physician identified below should check all recommendations that apply.)

- Not cleared for sports at this time.
- Not cleared for physical education at this time.
- May do light physical education that poses no risk of head trauma such (i.e. walking laps).
- May start RTP Protocol under appropriate monitoring and may return to PE activities after completion.
- Must return to examining physician for clearance before returning to sports/physical education.
- May start the RTP Protocol under monitoring of Licensed Athletic Trainer (LAT) and progress through all five stages with no office contact required. If student-athlete remains free of signs/symptoms the LAT may sign the RETURN TO PLAY FORM releasing the student-athlete to full participation in athletics. **(MD or DO only may make this recommendation.)**

Comment: \_\_\_\_\_

**Physicians may choose to delegate aspects of the student-athlete's care to a licensed athletic trainer, licensed nurse practitioner or licensed physician assistant who is working under that physician's supervision, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance. \* If this option is chosen, that individual should be designated by completing the requested information at the bottom of this page \*.**

\_\_\_\_\_  
Signature of Physician Licensed to Practice Medicine MD / DO

Date \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Phone Number

*Physician signing this form is licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management.*

**\* The physician above has delegated aspects of the student-athlete's care to the individual designated below \*.**

\_\_\_\_\_  
Signature of LAT, NP, PA-C, Neuropsychologist (Please Circle)

Date \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Phone Number

