

**CONCUSSION EVALUATION AND RELEASE TO PLAY FORM FOR LICENSED HEALTH CARE PROVIDERS**

*(SECTION ONE: Completed by School Personnel)*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sport's Team: \_\_\_\_\_ Grade: \_\_\_\_\_ Number of Past Concussions: \_\_\_\_\_

Brief Description by School Personnel of How Injury Occurred and Why Concussion is Suspected:

\_\_\_\_\_

*(SECTION TWO: Completed by Licensed Health Care Provider)*

Per Indiana Code 20-34-7, a student athlete who is suspected of suffering a concussion may not return to play until the student athlete has been evaluated by a **licensed health care provider trained in the evaluation and management of concussions and head injuries**, receives a written clearance to return to play from the health care provider who evaluated the student athlete, **and not less than twenty-four (24) hours have passed since the student athlete was removed from play.**

Health Care Provider Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Licensing Board: \_\_\_\_\_

I have evaluated the above mentioned student athlete and the student athlete is:

\_\_\_\_\_ **NOT** cleared to participate in any sports-related activities (including gym class) until seen for a follow-up exam

\_\_\_\_\_ Cleared, as of today, to return to all activities, including sports, without restrictions

\_\_\_\_\_ Cleared to return to all activities, including sports, without restrictions, on the following date\* - \_\_\_\_\_

\_\_\_\_\_ Cleared to return to sports following the schedule below:

Step 1: May participate in light activity on the following date\* - \_\_\_\_\_  
(10 minutes on an exercise bike, walking, or light jogging; but no weight lifting, jumping or hard running)

Step 2: May participate in moderate activity on the following date\* - \_\_\_\_\_  
(Moderate intensity activity on an exercise bike, jogging or weight lifting {reduced time and/or weight than normal})

Step 3: May participate in heavy; non-contact physical activity on the following date\* - \_\_\_\_\_  
(Sprinting, running, high-intensity exercise bike, and weight lifting; but no contact sports)

Step 4: May return to practice and full contact in a controlled practice setting on the following date\* - \_\_\_\_\_

Step 5: May return to full game play on the following date\* - \_\_\_\_\_

\_\_\_\_\_ Other – please list:

\* Please note that if signs and symptoms of a concussion occur, the student must return to the previous stage and parents must contact the licensed health care provider for instructions.

\_\_\_\_\_  
(Signature of Health Care Provider)

\_\_\_\_\_  
(Date)