

**MEDICAL PROVIDER:** please review with patient and / or parents and have form signed at initial visit; keep form in medical provider office; **if patient is a School District 51 student, fax to Nurse at 970-245-0825 when cleared for Return-to-Play (Step's 1 and 2)**

MESA COUNTY  
PHYSICIANS IPA, INC.



## Western Colorado Concussion Consortium Concussion Medical Clearance Form

Patient's Name: \_\_\_\_\_ Patient School: \_\_\_\_\_

**Step 1. Medically cleared for Stage 2 through Stage 5 (of the Return-to-Play protocol per Zurich Guidelines\*). The following conditions have been met:**

- Patient has no concussion related symptoms and is off all medications to treat the concussion.
- Neurological examination is normal.
- Neurocognitive test (ImPACT™) is normal.
- Patient does not need Academic Adjustments.
- Final Teacher Feedback form has been completed and signed by all of his/her teachers and the school counselor.

Healthcare Provider Name: \_\_\_\_\_ Healthcare Provider Signature\*\* : \_\_\_\_\_

Healthcare Provider Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### FOLLOWED BY

**Step 2. Medically cleared for full, unrestricted "Return to Play" and "All Physical Activity" (Stage 6 of Return-to-Play protocol per Zurich Guidelines\*). The following conditions have been met:**

- In addition to meeting the conditions above, patient has satisfactorily completed all 4 stages (2 through 5) of Return-to-Play protocol as per Zurich Guidelines\* WITH complete resolution of concussion symptoms.
- The patient does not have to return to clinic for your signature.
- However, we recommend that you document any communication with the individual (ATC, parent/guardian) who helped the patient complete the Return-to-Play protocol as per Zurich Guidelines\*.
- This is essential to ensure that the patient did not have any recurrence of concussion related symptoms and/or did not need repeat Academic Adjustments during the Return-to-Play protocol.

Healthcare Provider Name: \_\_\_\_\_ Healthcare Provider Signature\*\* : \_\_\_\_\_

Healthcare Provider Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions for Healthcare Providers:

1. Complete relevant section and if patient is a School District 51 student, fax to Nurse at 970-245-0825 when cleared for Return-to-Play (Step's 1 and 2).
2. File a copy with patient's medical record at your office.

\* Zurich Guidelines, November 2012 at <http://bjsm.bmj.com/content/47/5/250.full>

\*\* Per Colorado State Law (SB11-040): The following Healthcare Providers are authorized to clear youth athlete's for return to play: Doctor of Medicine, Doctor of Osteopathic Medicine, Licensed Nurse Practitioner, Licensed Physician Assistant, or Licensed Doctor of Psychology with training in neuropsychology or concussion evaluation and management.

Please review information on reverse side of page with patient and parent and obtain signature from parent / patient as dictated by patient age.

**ADDITIONAL INFORMATION FOR PATIENT/ PARENTS / GUARDIANS:**

**Step 1 indicates:**

- That based on current best-practice concussion management guidelines, reasonable medical standards indicate that it is safe to return your child to a graded Return-to-Play protocol. This graded program must be satisfactorily completed before your child will be medically cleared for full participation without restrictions.
- We have documented complete resolution of symptoms attributed to the recent concussion, that your child is off all medications to treat the concussion, normal neurological examination, evidence of neurocognitive recovery, and that your child does not need concussion related Academic Adjustments at school.

**Step 2 indicates:**

- It is safe for your child to return to **full, unrestricted Return-to-Play** based on the fact that they did not develop recurrence of concussion related symptoms and/or did not need repeat Academic Adjustments during the Return-to-Play protocol.

**Other Information:**

- Medical clearance at this time does not guarantee against future concussions or injury, and/or potential adverse outcomes.
- You have been counseled that your child is at increased risk of having another concussion in the future. If your child suffers a blow to the head or body and develops symptoms of a concussion, he/she should immediately stop physical activity and consult a medical professional. Symptoms of a concussion may include headache, nausea, vomiting, mental fogginess, confusion, and dizziness. Your child has been educated about the signs and symptoms of concussion and the importance of honestly reporting symptoms should another injury occur.
- You and/or your child have also been counseled regarding the following key points:
  - Currently, there is no evidence to accurately predict the long-term outcome of concussions; yet, medical research has indicated that multiple concussions can have a negative, cumulative effect on brain function with advancing age.
  - Therefore, ongoing participation in sports should be carefully considered while taking into account the potential risks of severe brain injury in any sport regardless of prior concussion.
  - The final decision for continued participation ultimately rests with the family.

Patient Name: \_\_\_\_\_

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

(If ≤ 18 years old)

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

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

(If ≥ 18 years old)

*This form was adapted and used with permission from the Center for Concussion, Rocky Mountain Hospital for Children.*