STRATH HAVEN HIGH SCHOOL
205 SOUTH PROVIDENCE ROAD, WALLINGFORD, PA 19086-6333 • (610) 892-3470

CONCUSSION CHECKLIST

This checklist is to be completed by the injured student's family physician or the team doctor, and submitted to the school nurse as soon as possible by the parent. This checklist may be updated and resubmitted as appropriate by the designated medical professional selected by the parent.

Name of Student ____
Grade ___________

Date of Injury ___________
Diagnosis ____

<u>Physical Restrictions</u> (check appropriate level of exercise)

_____ No practice or physical activity.
_____ Light, non-contact exercise, including walking, riding an exercise bike, or other cardiovascular exercise, with the exception of weight lifting.
_____ Running in the gym or on the field without use of helmet or other equipment.
_____ Non-contact training drills in full equipment. Light weight training.
_____ Full contact practice or training.
_____ Participation in competition.

Notes: ____
Anticipated duration or scheduled re-evaluation ________________________________

<u>Academic Restrictions</u> (check appropriate level of participation)

_____ Complete cognitive rest. Absence from school required at this time.
_____ Classroom attendance for partial day with modifications to work completion.
_____ Classroom attendance for full day with modifications to work completion.
_____ Classroom attendance for full day with no limitations.

Modifications (check all that apply)

_____	Extended time for assignment completion	_____	Copies of classroom/lecture notes
_____	Oral assessments	_____	Reduction of assignments
_____	Quiet environment for testing	_____	Modified tests or quizzes
_____	Provide written directions for work	_____	No tests or quizzes
_____	No Computer work	_____	No reading

Notes: ____
Anticipated duration or scheduled re-evaluation __________________________________

Physical Signature______________________________ **Date**____________________________