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 _____________________

Physical Restrictions (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 ____________________________

Academic Restrictions (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 ____________________________

Physician Signature ___________________________  Date ___________________________
