Fordham Preparatory School
Physician Concussion Evaluation Form
Please return to Chad Broussard, Assistant Principal of Academics and Student Life

Patient Name: __________________________________________
Patient DOB: _____________________________
Patient Grade/Sport: ________________________

Physician Name: _______________________________________
Date of Injury: _________________________________
Date of Evaluation: ____________________________

Summary of Evaluation:
________________________________________________________________________
________________________________________________________________________

Diagnosis:
________________________________________________________________________

Comments regarding Return to Learn and Return to Play:
________________________________________________________________________
________________________________________________________________________

Date of Follow-up Appointment: ___________________________

Return to Learn (RTL)

Choose ONE:
☐ Follow academic accommodations as indicated
☐ Student may begin to taper off indicated academic accommodations as tolerated
☐ Student does not have a concussion and may return to full cognitive and physical activity

(continued on next page)
Return to Learn (RTL) - continued

Recommended Academic Accommodations:
- Request meeting of 504/IEP Plan or School Concussion Management Team at this time

Attendance:
- No school. Return on (date) ____________
- Half-days (circle: late arrival / early dismissal) for _____ days
- Modified Attendance: (please explain) ____________________________________________

Classroom Modifications:
- Increased travel time when transitioning between classes
- Breaks during class as needed in a quiet place
- May not attend classes with excessive noise (i.e. band, choir, woodworking)
- Excuse nonessential work
- Alternative assignments and/or extended deadlines
- Pre-printed notes, audio recordings of class, and/or peer note-taker
- Avoid symptom triggers:
  - Light: allow baseball cap, decrease screen exposure
  - Noise: avoid busy environments (i.e. cafeteria, busy hallways); allow ear plugs
  - Other: __________________________________________________________
- Limit homework to ________ minutes per evening
- Check for increased symptoms during/after activities requiring extensive attention or concentration

Testing:
- No testing until tolerating full day of school
- Extended testing time
- Abbreviated tests
- No more than one test per day

Return to Play (RTP)

- Student must follow up with a physician before progressing (Circle level of allowed activity to the right)

- Student may progress through RTP while supervised (May not progress more than one stage per day)
  - Must return to physician office to begin RTP step ____
    (Fill in stage for follow-up according to table on the right)

- Student may return to full sport/activity participation (Not allowed if symptoms are present. Must first successfully complete RTP Progression)

Return to Play Progression Steps:
1. Symptom-limited activity
2. Light aerobic exercise
3. Sport-specific exercise
4. Non-contact drills
5. Full contact practice
6. Full return to sport/activity

Physician Name: ______________________________________

Physician Signature: ___________________________________