

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: _____

Physician Stamp: