



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health

**Post Sports-Related Head Injury
 Medical Clearance and Authorization Form**

For students: This form should be completed by your medical care provider and returned to your Athletic Director, Athletic Trainer, or School Nurse.

Student's Name:	Date of Birth:	Grade:

Date of Injury: _____ Other Relevant Diagnosis: _____

Asymptomatic: Yes No

Prior concussions (number, approximate dates): _____

I attest that I have received clinical training in post-traumatic head injury assessment and management that is approved by the Department of Public Health¹ or have received equivalent training as part of my licensure or continuing education.

Type of Training completed²:

CDC online clinician training Other MDPH approved Clinical Training

Other (Describe): _____

Select one of the following:

1) I certify that the above named student is cleared to begin a gradual return to play protocol.³

2) I certify that the above named student has completed the necessary stages of a gradual return to play protocol³ and is cleared for full activity without restriction.

Practitioner's Name: _____

Phone Number: _____ License Number: _____

Associated Hospital/Organization: _____

Type of Practitioner:⁴

Physician Licensed Athletic Trainer Physician Assistant Nurse Practitioner

Neuropsychologist

Practitioner's Signature: _____ Date: _____

Name of the physician providing consultation/coordination/supervision (if not the same as signatory):

For Medical Providers:

How to Use this Form and Guide a Conversation about Gradual Return to Play Protocol:

1) To clear a student to **begin a gradual return to play protocol**, the student must be back in the classroom full-time without concussion-related academic accommodation(s). Do not clear the student to begin the gradual return to play protocol if they still require concussion-related academic accommodations.

Ask Them:

- About their experiences in the classroom before and after the concussion.
- Whether or not they are still experiencing symptoms from the concussion while conducting school work.

2) To clear a student to return to **full activity without restriction**, verbally confirm that the student has complete stages 1-4 of the below gradual return to play protocol.⁵ Do not clear the student to return to full activity without restriction if they have not completed steps 1-4 below without the reoccurrence of concussion-related symptoms.

Ask them:

- About their symptoms, thinking, and concentration skills at each stage described below
- About the exercises and drills specific to their sport in which they engaged at each stage

The student should have only moved to the next stage if recurrence of symptoms did not occur. If symptoms return or persist, inform the athlete that they should go back to the previous asymptomatic level and attempt to progress again after being free of concussion-related symptoms for a further 24 hour period at the lower level.

Stage 1: Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking and light weightlifting (low weight-moderate reps, no bench, no squats).

Stage 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and/or reduced weight from your typical routine).

Stage 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility-with 3 planes of movement.).

Stage 4: Sports specific practice.

Stage 5: Full contact (if appropriate) in a controlled drill or practice. Physician or medical provider should sign the medical clearance form before full contact is practiced.

Stage 6: Return to competition.

¹ MDPH approved Clinical Training options can be found at: <https://www.mass.gov/service-details/concussion-trainings>. This form is not valid without attestation of clinical training.

² Completion of this section is required for a student to be cleared to return to play.

³ See above for additional information about the stages of the gradual return to play protocol and use of this form.

⁴ Licensed Athletic Trainer, Nurse Practitioner, Physician Assistance, and Neuropsychologist must work in consultation with a licensed physician to clear a student.

⁵ Numbering and definitions of the stages of the protocol may vary by protocol and school policy.