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This Sports Concussion Management Plan is designed to serve as a tool for organizations in the process of implementing or operating a concussion management plan. Although created to assist in the development of a concussion management plan that meets expectations established under Utah law, the processes and procedures outlined in this document have broader applications for concussion management activities generally. The content of this Sports Concussion Management Plan is not intended as legal or medical advice. Organizations utilizing the Sports Concussion Management Plan should consult their own legal counsel in connection with the use of the material and such organizations remain solely liable for all clinical, programmatic, and legal compliance decisions related to the creation and operation of a concussion management plan program. The University of Utah and its trustees, officers and employees are neither responsible for nor accept any liability for any direct or indirect loss or damages arising from or connected to the use of this management plan.

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## 1. Overview

- 1.1. In response to Utah House Bill 204, introduced in the 2011 General Session and signed into law by the Governor on March 21, 2011, the “PROTECTION OF ATHLETES WITH HEAD INJURIES ACT” requires amateur sports organizations to adopt and enforce a concussion and head injury policy.
- 1.2. The PROTECTION OF ATHLETES WITH HEAD INJURIES ACT specifically requires organizations to address the following issues relative to a concussion and head injury policy:
  - 1.2.1. Policy must address “the nature and risk of a concussion or traumatic head injury and continuing to participate in a sporting event after sustaining a concussion or a traumatic head injury”
  - 1.2.2. Ensure that each agent of the amateur sports organization is familiar with, and has a copy of, the concussion and head injury policy.
  - 1.2.3. Before permitting a child to participate in a sporting event, a written copy of the concussion and head injury policy must be provided to the parent or legal guardian of the child participant.
  - 1.2.4. The amateur sports organization shall obtain the signature of a parent or legal guardian of the child, acknowledging that the parent or legal guardian has read, understands, and agrees to abide by, the concussion and head injury policy
  - 1.2.5. Removal of a child participant suspected of sustaining a concussion or a traumatic head injury from all sporting events.
  - 1.2.6. Written medical clearance is to be obtained prior to a child returning to participation in sporting events
  - 1.2.7. **The full text of the bill may be viewed online at <http://le.utah.gov/~2011/bills/hbillenr/hb0204.pdf>**
- 1.3. The following components will be outlined as part of a comprehensive concussion management plan:
  - 1.3.1. Concussion Overview (section 2)
  - 1.3.2. Concussion Education for Athletes and Parent(s)/Guardian(s) (section 3)
  - 1.3.3. Concussion Education for Coaches (section 4)
  - 1.3.4. Concussion action plan (section 5)
  - 1.3.5. Appendix A: Athlete and Parent/Guardian Concussion Informational Form and Acknowledgment
  - 1.3.6. Appendix B: Post Concussion Instructions and Return to Play Form



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## 2. What is a Concussion

- 2.1. Concussion, or mild traumatic brain injury (mTBI), has been defined as “a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces.” Although concussion most commonly occurs after a direct blow to the head, it can occur after a blow elsewhere that is transmitted to the head.
- 2.2. Signs and symptoms of concussions include but are not limited to:

**Note: A student/athlete may experience any of the following signs and symptoms**

Confusion or disorientation	Headache
Loss of consciousness	Nausea/Vomiting
Amnesia – loss of memory to events before or after	Disequilibrium
Feeling ‘in a fog’, ‘zoned out’	Dizziness
Vacant stare, ‘glassy eyed’	Inability to focus
Slurred/incoherent speech	Emotional instability
Excessive drowsiness	Visual disturbance, including light sensitivity, blurry vision, or double vision

- 2.3. Continued participation in a sporting event after sustaining a concussion puts an athlete at greater risk of sustaining a more serious traumatic brain injury. In rare cases, children have died or sustained permanent neurologic injury as a result of continued participation after sustaining prior concussive brain injuries.

## 3. Concussion Education for Athletes and Parent(s)/Guardian(s)

- 3.1. This concussion management plan shall be made available to all athletes and their parent(s)/guardian(s) on our website at
- 3.2. Prior to the beginning of the sport season, athletes and parent(s)/legal guardian(s) shall be presented with an informational handout about concussions. **(See Appendix A: Athlete/Parent Concussion Informational Form and Acknowledgment)**
- 3.3. Prior to actual participation in a practice or game, parental acknowledgment of the concussion policy and informational handout will be obtained by signature and kept on file with the athlete’s registration.
- 3.4. By signing the above mentioned form, athletes and parent(s)/guardian(s) acknowledge responsibility to report injuries to a member of the coaching staff including signs and symptoms of concussion.
- 3.5. Access to additional resources for concussion education will be posted on our website at

## 4. Concussion Education for Coaches

- 4.1. It is required that each year coaches, staff and other administrative personnel shall review the sports concussion management plan.
- 4.2. All coaches, coaching staff, and administrative personnel shall complete a free online training course provided by the CDC (Centers for Disease Control and Prevention).
  - 4.2.1. This free course may be accessed online at [http://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)
  - 4.2.2. A printed certificate at the end of successfully completing the course will be obtained and a copy of it provided to
  - 4.2.3. Copies of training certificates will be kept on file
  - 4.2.4. Proof of training will be kept current within 3 years. Otherwise, retaking of this training course will be required.



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## 5. Concussion Action Plan

- 5.1. When an athlete shows any signs, symptoms or behaviors consistent with a concussion, the athlete shall be removed immediately from practice or competition and evaluated by a health care professional with specific training in the evaluation and management of concussion. The decision regarding removal from practice or competition may be made by a parent, legal guardian, or coach.
- 5.2. Coaching personnel are encouraged to utilize a pocket guide on the field to assist them in recognizing a possible concussion. An example pocket guide is available as part of the CDC toolkit “Heads Up: Concussion in High School Sports” available at <http://www.cdc.gov/concussion>
- 5.3. Where possible, the athlete shall be evaluated on the sideline by a licensed athletic trainer or other appropriate health care professional.
- 5.4. An athlete suspected of having a concussion shall be withheld from the competition or practice and shall not return to activity for the remainder of that day. The athlete’s parent/guardian(s) shall be notified of the situation.
- 5.5. The athlete should receive serial monitoring for deterioration. Athletes and their parent/guardian shall be provided with written instructions upon dismissal from practice/game. **See Appendix B for a copy of Post Concussion Instructions and Return to Play Form.**
- 5.6. Consultation with a health care professional shall occur for all athletes sustaining a suspected concussion.
  - 5.6.1. Health care professionals with limited experience or training in recognizing and treatment of concussion are encouraged to seek consultation with professionals who have expertise in understanding, recognizing and treating concussion and related symptoms. This consultation may occur by telephone between the local health care professional and concussion expert.
  - 5.6.2. As defined in “PROTECTION OF ATHLETES WITH HEAD INJURIES ACT “, a health care professional is defined as a health care provider who is licensed under Title 58, Occupations and Professions; and may evaluate and manage a concussion within the health care provider's scope of practice.
- 5.7. Subsequent management of the athlete’s concussion shall be under the discretion of the treating health care professional, but may include the following:
  - 5.7.1. Referral to a Concussion Care Clinic
  - 5.7.2. When possible, repeat neuropsychological testing.
  - 5.7.3. Clinical assessment of balance and symptoms, with comparison to baseline data when available.
  - 5.7.4. Medication management of symptoms, where appropriate
  - 5.7.5. Provision of recommendations for adjustment of academic coursework, including the possible need to be withheld from coursework obligations while still symptomatic.
  - 5.7.6. Direction of return to play instructions.
- 5.8. Prior to returning to competition, the concussed athlete shall have a Return-to-Play clearance form signed by their managing health care professional. **See Appendix B for a copy of Post Concussion Instructions and Return to Play Form.**
- 5.9. The incident, evaluation, continued management, and clearance of the student-athlete with a concussion shall be documented.

# APPENDIX A: Athlete and Parent/Guardian Concussion Informational Form and Acknowledgment

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## HEADS UP: CONCUSSION IN YOUTH SPORTS A Fact Sheet for PARENTS AND ATHLETES

On March 21, 2011 the Governor of Utah, Gary Herbert, signed the **Protection of Athletes With Head Injuries Act**. Effective May 10, 2011, this law directly affects how you need to respond to player injuries. The new law requires that:

1. Before permitting a child to participate in a sporting event, a written copy of the concussion and head injury policy must be provided to the parent or legal guardian of the child participant.
2. The amateur sports organization shall obtain the signature of a parent or legal guardian of the child, acknowledging that the parent or legal guardian has read, understands, and agrees to abide by, the concussion and head injury policy.
3. A child participant suspected of sustaining a concussion or a traumatic head injury be removed from all sporting events
4. Written medical clearance from an appropriate health care provider is to be obtained prior to a child returning to participation in sporting events

### THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

### WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, even if they do not directly hit their head.

The potential for concussions is greatest in athletic environments where collisions are common.<sup>1</sup> Concussions can occur, however, in **any** organized or unorganized sport or recreational activity. As many as 3.8 million sports and recreation-related concussions occur in the United States each year.<sup>2</sup>

# APPENDIX A: Athlete and Parent/Guardian Concussion Informational Form and Acknowledgment

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## RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.  
**-and-**
2. Any change in the athlete's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

### SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

### SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

*Adapted from Lovell et al. 2004*

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a **health care professional** with experience in evaluating for concussions. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. If you have any suspicion that your athlete has a concussion, you should keep the athlete out of the game or practice.

## PREVENTION AND PREPARATION

As a parent, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your child:

# APPENDIX A: Athlete and Parent/Guardian Concussion Informational Form and Acknowledgment

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- **Insist that safety comes first.**
  - Reinforce safe playing techniques taught by your child’s coach and encourage them to follow the rules of play.
  - Encourage good sportsmanship at all times.
  - Make sure your child wears the right protective equipment for their activity (such as shin guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
  - Review this fact sheet with your child to help them recognize the signs and symptoms of a concussion.
  
- **Teach athletes and parents that it’s not smart to play with a concussion.**

Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let athletes persuade you that they’re “just fine” after they have sustained any bump or blow to the head.
  
- **Prevent long-term problems.** A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called *second impact syndrome*.<sup>4,5</sup> Do not let your child return to play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your child: “It’s better to miss one game than the whole season.”

## ACTION PLAN

### WHAT SHOULD I DO WHEN A CONCUSSION IS SUSPECTED?

1. **Remove the athlete from play.** Look for the signs and symptoms of a concussion if your child has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. *When in doubt, keep the athlete out of play.*
  
2. **Ensure that your child is evaluated by an appropriate health care professional.** Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a parent, recording the following information can help health care professionals in assessing the athlete after the injury:
  - Cause of the injury and force of the hit or blow to the head
  - Any loss of consciousness (passed out/knocked out) and if so, for how long
  - Any memory loss immediately following the injury
  - Any seizures immediately following the injury
  - Number of previous concussions (if any)
  
4. **Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion.** A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athlete’s return to the activity until the player receives appropriate medical evaluation and approval for return to play.

# APPENDIX A: Athlete and Parent/Guardian Concussion Informational Form and Acknowledgment

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**For more detailed information on concussion, visit:  
[www.cdc.gov/concussion](http://www.cdc.gov/concussion)**

## REFERENCES

1. Powell JW. Cerebral concussion: causes, effects, and risks in sports. *Journal of Athletic Training* 2001; 36(3):307-311.
2. Langlois JA, Rutland-Brown W, Wald M. The epidemiology and impact of traumatic brain injury: a brief overview. *Journal of Head Trauma Rehabilitation* 2006; 21(5):375-378.
3. Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or "ding" concussions in high school athletes. *The American Journal of Sports Medicine* 2004; 32(1):47-54.
4. Institute of Medicine (US). Is soccer bad for children's heads? Summary of the IOM Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer. Washington (DC): National Academy Press; 2002.
5. Centers for Disease Control and Prevention (CDC). Sports-related recurrent brain injuries-United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-227. Available at: [www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm).

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## ATHLETE/PARENT ACKNOWLEDGMENT

I, \_\_\_\_\_, hereby acknowledge having received education about the  
*Athlete Name*  
signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion.

\_\_\_\_\_  
*signature and printed name of student/athlete*

\_\_\_\_\_  
*Date*

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion.

\_\_\_\_\_  
*signature and printed name of parent/guardian*

\_\_\_\_\_  
*Date*



## APPENDIX B: Post Concussion Instructions and Return to Play Form

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### DEAR PARENT/GUARDIAN:

Your child may have sustained a concussion, and by policy has been removed from play until he/she has been medically cleared to return to play by a health care professional.

It is not within our purview to dictate how or by whom your child should be managed medically. The following serves as general guidelines only for immediate management during the first 24 hours:

1. **Diet** – drink only clear liquids for the first 8-12 hours and eat reduced amounts of foods thereafter for the remainder of the first 24 hours.
2. **Pain Medication** – do not take any pain medication except Tylenol. Dosing instructions provided with pain medications should be followed.
3. **Activity** – activity should be limited for the first 24 hours, this would involve no school, video games, extracurricular or physical activities or work when applicable.
4. **Observation** – several times during the first 24 hours:
  - a. Check to see that the pupils are equal. Both pupils may be large or small, but the right should be the same size as the left.
  - b. Check the athlete to be sure that he/she is easily aroused; that is, responds to shaking or being spoken to, and when awakened, reacts normally.
  - c. Check for and be aware of any significant changes. (See #5 below)
5. **Significant changes**
  - a. Conditions may change significantly within the next 24 hours. **Immediately obtain emergency care for any of the following signs or symptoms:**
  - b. Persistent or projectile vomiting
  - c. Unequal pupil size (see 4a above)
  - d. Difficulty in being aroused
  - e. Clear or bloody drainage from the ear or nose
  - f. Worsening headache
  - g. Seizures
  - h. Slurred speech
  - i. Can't recognize people or places – increasing confusion
  - j. Weakness or numbness in the arms or legs
  - k. Unusual behavior change – increasing irritability
  - l. Loss of consciousness
6. **Improvement**
  - a. The best indication that an athlete who has suffered a significant head injury is progressing satisfactorily is that he/she is alert and behaving normally.
7. **Contact your health care provider**
  - a. Before returning to physical activities, contact your health care provider to be evaluated. If he or she diagnoses a concussion, use the attached form to help your health care provider determine when you are fully recovered and are able to resume normal activities, including sports.
  - b. You are encouraged to talk to your health care provider about the following:
    - i. Management of symptoms
    - ii. Appropriate levels of school activity or the need for reducing academic coursework for a temporary period of time
    - iii. Appropriate levels of physical activity
8. **Return clearance form prior to returning your child to play**
  - a. Before your child will be allowed to return to play, you will need to return the following concussion return to play clearance form signed by your health care provider.

Sincerely,

## APPENDIX B: Post Concussion Instructions and Return to Play Form

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### DEAR HEALTH CARE PROVIDER:

This form has been developed in order to provide a uniform method for health care professionals to provide a written release for student/athletes to return to play after having suffered a concussion or having demonstrated signs, symptoms or behaviors consistent with a concussion and having been removed from competition or practice as a result.

As of May 2011, Utah State Law requires that a child suspected of having sustained a concussion be removed from sporting events and prohibited from returning to play until that child has been evaluated by an appropriate health care provider.

### The law requires the following of the health care provider:

- Provide the amateur sports organization with a written statement stating that within 3 years before the day on which the written statement is made that they have successfully completed a continuing education course in the evaluation and management of concussion.
- Provide the amateur sports organization written clearance that the child is cleared to resume participation in the sporting event of the amateur sports organization

While this form does not presume to dictate to professionals how to practice medicine, the guidelines for return to play from a concussion do represent consensus expert opinion from national and world leaders in sport concussion management.<sup>1,2</sup> The components of this form are intended to address concerns of coaches, parents, student/athletes, administrators, and healthcare professionals regarding written clearance from a health care professional for a concussed student/athlete to return to play.

**In order to maintain compliance with the law, our organization requests the healthcare provider to utilize this form in granting medical clearance to return to sporting events.**

### SUGGESTED PRINCIPLES IN CLEARING A CHILD TO RETURN TO PLAY

- *Recovery from concussion and progression through the Return-to-Play stages is individualized and determined on a case by case basis.* Many factors influence the rate of progression and include previous concussion history, duration and types of symptoms, age and sport/activity in which the student/athlete participates. Athletes with a history of prior concussion, extended duration of symptoms, or participation in collision or contact sports may progress more slowly.
- The following table is adapted from the 3<sup>rd</sup> International Conference on Concussion in Sport<sup>1</sup> and provides the framework for the return to play protocol.
- It is expected that athletes will start in stage 1 and remain in stage 1 until symptom free.
- The patient may, under the direction of a health care professional, progress to the next stage only when the assessment battery has normalized. The assessment battery may include any or all of the following:
  - a. Symptom assessment
  - b. Cognitive assessment with computerized or other appropriate neuropsychological assessment
  - c. Balance assessment along with general neurologic examination.
- It is anticipated that at least 24 hours will be required, at a minimum, of being asymptomatic with each stage before progressing to the next stage.
- Utilizing this framework, in a **best case scenario**, a patient sustaining a concussion and being asymptomatic by the next day will start in Rehabilitation Stage 1 at post injury day 1 and progress through to stage 6, 'Return to Play' by post injury day 6.

## APPENDIX B: Post Concussion Instructions and Return to Play Form

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- There may be circumstances, based on an individual’s concussion severity, where the return to play protocol may take longer. Under all circumstances the progression through this protocol shall be overseen by the managing health care professional.
- Each athlete with a concussion shall be personally evaluated by an appropriate health care professional at least one time during this process.
- When the athlete has successfully passed through stage 5 (Full Contact Practice) and has previously been evaluated by an appropriate health care professional or recognized concussion management program, a clearance may be obtained from the individual designated on this form if authorized by the managing health care professional.
- A completed *Concussion Return to Play Clearance Form* indicating the student is medically released to return to full competition shall be provided to school officials prior to a student who has been removed from a contest or practice for a suspected concussion, being allowed to return to play.

GRADUATED RETURN TO PLAY PROTOCOL <sup>1</sup>		
Stage	Functional Exercise or Activity	Objective
<b>1. No structured physical or cognitive activity</b>	Only Basic Activities of Daily Living (ADLs). When indicated, complete cognitive rest followed by gradual reintroduction of schoolwork.	<b>Rest and recovery, avoidance of overexertion</b>
<b>2. Light Aerobic Physical Activity</b>	Non-impact aerobic activity (e.g. swimming, stationary biking) at <70% estimated maximum heart rate for up to 30 minutes as symptoms allow.	<b>Increase heart rate, maintain condition, assess tolerance of activity</b>
<b>3. Moderate aerobic physical activity and Non-contact training drills at half speed</b>	Non-contact sport specific drills at reduced speed; Aerobic activity at 70-85% estimated maximum heart rate; light resistance training (e.g. weights at <50% previous max ability)	<b>Begin assimilation into team dynamics, introduce more motion and non-impact jarring</b>
<b>4. Non-contact training drills at full speed</b>	Regular Non-contact training drills; aerobic activity at maximum capacity including sprints; regular weight lifting routine	<b>Ensure tolerance of all regular activities short of physical contact.</b>
<b>5. Full Contact Practice</b>	Full Contact Practice	<b>Assess functional skills by coaching staff, ensure tolerance of contact activities</b>
<b>6. Return to Play</b>	<b>Regular game competition</b>	

### References

1. McCrory P, Meeuwisse W, Johnston K, et al. Consensus statement on Concussion in Sport 3rd International Conference on Concussion in Sport held in Zurich, November 2008. *Clin J Sport Med.* May 2009;19(3):185-200.
2. American Academy of Neurology. Position Statement on Sports Concussion. AAN Policy 2010-36. October 2010.

**APPENDIX B: Post Concussion Instructions and Return to Play Form**

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\_\_\_\_\_  
*Athlete Name*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Date of Injury*

\_\_\_\_\_  
*Date of Initial Exam*

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After reviewing the available medical facts, it is my opinion the above named athlete did NOT sustain a concussion on the date of injury noted and is medically released to return to play in the above sport.

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The above named athlete did sustain a concussion on the date of injury noted, **has recovered**, and is medically released to return to play in the above sport.

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The above named athlete did sustain a concussion on the date of injury noted, **has recovered but has not progressed through the return to play protocol**. The athlete is therefore medically released to continue to advance activities per the graduated return to play protocol (see table on page 2). Ideally, the student-athlete's progress through the stages will be monitored by a licensed athletic trainer. When a licensed athletic trainer is not available the athlete is to be monitored in their progress through each stage by a responsible adult who at a minimum:

- a. Has been trained in the recognition of signs and symptoms of concussion
- b. Will have consistent contact with the student/athlete
- c. And is familiar with the *Return to Play Protocol* and stages

The individual responsible for monitoring the progress of the student-athlete through the stages of the *Return to Play Protocol* should consult with the managing health care professional when necessary and shall consult (may be in person, by phone or e-mail) with the managing health care professional prior to the release of the student/athlete to return to play.

\_\_\_\_\_  
*Person responsible for monitoring progress*

\_\_\_\_\_  
*Date of tentative medical clearance*

I certify that I have consulted with the managing health care professional named on this form and have received a medical release from the managing health care professional for the athlete named herein to return to play in the sport indicated.

\_\_\_\_\_  
*Signature of person responsible for monitoring progress*

\_\_\_\_\_  
*Date of final medical clearance*

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By signing this form the health care professional is certifying that, per Utah code, they are a licensed health care provider practicing within their scope of practice, and have within 3 years of this date completed a continuing education course in the evaluation and management of concussion. The signature invokes the condition checked above.

\_\_\_\_\_  
*Health Care Professional Signature*

\_\_\_\_\_  
*Date of medical clearance*

\_\_\_\_\_  
*Health Care Professional Name (printed or typed)*

\_\_\_\_\_  
*Office phone*

\_\_\_\_\_  
*Health Care Professional Office Address*