MARYLAND STATE DEPARTMENT OF EDUCATION
Preparing World-Class Students

For official use only:
Name of Athlete_____
Sport/season_____
Date Received_____

Medical Clearance for Suspected Head Injury
To be completed by a Licensed Health Care Provider (LHCP)

Directions: Provide this form to the health care provider evaluating the student's injury. Return form to school nurse immediately. If the student is diagnosed with a concussion, the form will be copied by the school nurse and the original form returned to the parent to use at the follow-up visit that clears the student for participation in athletics.

Student Name:_____

Date of Injury: _____

Initial Evaluation

Date:_____ LHCP* Name: _____

Signature:_____ Phone: _____

Diagnosis: ☐ No Concussion, may immediately resume all activities without restriction
☐ Concussion *
Date student may return to school: _____
Note: Student will be removed from all sports and physical education activities at school until medically cleared. School will implement standard academic accommodations unless specific accommodations are requested.
*** (LHCP is a Physician, Nurse Practitioner, Physician's Assistant, Neuropsychologist)**

*Follow-Up Evaluation (Required for Athletes with Concussions)

All student athletes with concussions must be medically cleared before beginning supervised Gradual Return to Sports /Physical Education Participation (RTP) program. According to COMAR 13A.06.08.01, the following licensed health care providers are permitted to authorize a student athlete to return to play:

(1) *A licensed physician trained in the evaluation and management of concussions;*
(2) *A licensed physician's-assistant trained in the evaluation and management of concussions in collaboration with the physician assistant's supervising physician or alternate supervising physician within the scope of the physician assistant's Delegation Agreement approved by the Board of Physicians;*
(3) *A licensed nurse practitioner trained in the evaluation and management of concussions;*
(4) *A licensed psychologist with training in neuropsychology and in the evaluation and management of concussions; or*
(5) *A licensed athletic trainer trained in the evaluation and management of concussions, in collaboration with the athletic trainer's supervising physician or alternate supervising physician and within the scope of the Evaluation and Treatment protocol approved by the Board of Physicians.*

I certify that I am aware of the current medical guidance on concussion evaluation and management; the above-named student-athlete has met all of the criteria for medical clearance for his/her recent concussion, and as of the date below is ready to return to a supervised Gradual Return to Sports/Physical Education Participation (RTP) program (lasting a minimum of 5 days.) Note: Students whose symptoms return during the RTP progression will be directed to stop the activity, rest until symptom free. The student will resume activity at the previous stage of the protocol that was completed without recurrence of symptoms. Students with persistent symptom return will be referred to their health care provider for evaluation.

Date:_____ LHCP Name: _____

Signature:_____ Phone: _____

[1] 2010 AAP Sport-Related Concussion in Children and Adolescents, 2008 Zurich Concussion in Sport Group Consensus.