



Concussion Evaluation and Release to Play Form For Licensed Health Care Providers

SECTION ONE: (Completed by School Personnel)

Date: _____

Student Name: _____

Grade: _____

Sport's Team: _____

Number of Past Concussions: _____

Brief Description of how injury occurred and why concussion is suspected:

(Signature of School Personnel)

(Date)

SECTION TWO: (Completed by Licensed Health Care Provider)

Arizona Law, ARS §15-341 (24) (SB 1521), a student athlete who is suspected of suffering a concussion may not return to play until the student athlete has been evaluated by a licensed health care provider trained in the evaluation and management of concussions and head injuries and receives a written clearance to return to play from the health care provider who evaluated the student athlete.

Health Care Provider Name: _____

License Number: _____

Licensing Board: _____

_____ NOT cleared to participate in any sports-related activities (including gym class) until seen for a follow-up exam.

_____ Cleared, as of today, to return to all activities, including sports, without restrictions.

_____ Cleared to return to all activities, including sports, without restrictions, on the following date: * _____

** Please note that if signs and symptoms of a concussion occur, the student must return to the previous stage and parents must contact the licensed health care provider for instructions.*

_____ Cleared to return to sports following the schedule below:

Step 1: May participate in light activity on the following date: _____

Step 2: May participate in moderate activity on the following date: _____

Step 3: May participate in heavy; non-contact physical activity on the following date: _____

Step 4: May return to practice and full contact in a controlled practice setting on the following date: _____

Step 5: May return to full game play on the following date: _____

_____ Other – please list:

(Signature of Health Care Provider)

(Date)