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

This medical clearance should be only be provided after a graduated return to play plan has been completed and student has been symptom free at all stages. The student must be completely symptom free at rest and during exertion prior to returning to full participation in extracurricular athletic activities.

Student's Name	Sex	Date of Birth	Grade

Date of injury: _____ Nature and extent of injury: _____

Symptoms (check all that apply):

☐ Nausea or vomiting ☐ Headaches ☐ Light/noise sensitivity

☐ Dizziness/balance problems ☐ Double/blurry vision ☐ Fatigue

☐ Feeling sluggish/"in a fog" ☐ Change in sleep patterns ☐ Memory problems

☐ Difficulty concentrating ☐ Irritability/emotional ups and downs ☐ Sad or withdrawn

☐ Other

Duration of Symptom(s): _____ Diagnosis: ☐ Concussion ☐ Other: _____
If concussion diagnosed, date student completed graduated return to play plan without recurrent symptoms: _____

Prior concussions (number, approximate dates): _____

Name of Physician or Practitioner:_____
☐ Physician ☐ Certified Athletic Trainer ☐ Nurse Practitioner ☐ Neuropsychologist
Address: _____ Phone number: _____
Physician providing consultation/coordination (if not person completing this form): _____

I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT FOR RETURN TO EXTRACURRICULAR ATHLETIC ACTIVITY AND ATTEST THAT I HAVE RECEIVED CLINICAL TRAINING IN POST-TRAUMATIC HEAD INJURY ASSESSMENT AND MANAGEMENT APPROVED BY THE DEPARTMENT OF PUBLIC HEALTH* OR HAVE RECEIVED EQUIVALENT TRAINING AS PART OF MY LICENSURE OR CONTINUING EDUCATION.

Physician or Practitioner signature: _____ Date: _____
Please indicate type of clinical training received (optional):
☐ DPH Clinical Training ☐ On-line Training ☐ Other (Describe)_____

*By September 2013, physicians, nurse practitioners, certified athletic trainers, and neuropsychologists providing medical clearance for return to play shall verify that they have received Department-approved training in post traumatic head injury assessment and management or have received equivalent training as part of their licensure or continuing education. This MDPH approved Clinical Training can be found at: www.mass.gov/dph/sports concussion