Mercer Island High School
Concussion Return-to-Play Protocol Form

Athletic Trainer Evaluation

Patient's Name: _____ Date of Concussion: _____

How Concussion Occurred: _____

Athletic Trainer Signature: _____ **Date:** _____

Symptoms:

____ Headache	____ Neck Pain	____ Nausea
____ Dizziness	____ Vision Problems	____ Drowsiness
____ Confusion	____ Sensitivity to Light/Noise	____ Feels Foggy/Sluggish
____ Personality Changes	____ Concentration/Memory Problems	____ Balance Problems
____ Pressure in Head	____ Recall Problems prior/post event	

Other: _____

Assessments Performed:

____ Orientation	____ Immediate Memory	____ Delayed Memory
____ Concentration	____ Coordination	____ Balance
____ PERRLA	____ Cranial Nerve Assessment	

Please take this form to your doctor's appointment to be filled out. This form must be completed and returned to the Athletic Trainer or faxed to (206) 230-6316 before the athlete can start the return-to-play protocol. This form is not for general injury clearance; see the "Athletic Injury Return-to-Play" form.

Date of doctor visit: _____

Symptoms at time of visit:

____ Headache	____ Neck Pain	____ Nausea
____ Dizziness	____ Vision Problems	____ Drowsiness
____ Confusion	____ Sensitivity to Light/Noise	____ Feels Foggy/Sluggish
____ Personality Changes	____ Concentration/Memory Problems	____ Balance Problems
____ Pressure in Head	____ Recall Problems prior/post event	

Other: _____

I. ____ Patient is **ready** to start the monitored return-to-play protocol as of _____ (date)

Each step is separated by 24 hours; back up one day if any symptoms return.

- No activity and rest until asymptomatic
- Light aerobic exercise
- Sport-specific exercise
- Noncontact drills
- Full-contact drills
- Game play

II. ____ Patient is **not cleared** to start monitored return-to-play protocol and will be seen by treating doctor again on _____ (date)

III. ____ Patient is being **referred** for further testing/evaluation to: _____ on _____ (date)

Physician's Signature: _____ Date: _____

Physician's Name: _____ Phone: _____