

King Philip High School – Physician’s Head Injury Evaluation Communication Form

Student Name: _____ Evaluation Date: ____/____/____

This form provides the school nurse an updated status of a student who has suffered a head injury and possible concussion. The physician completing this form must select one of the options but may provide any of these options on their organization’s letterhead, provided necessary information is present as an equivalent. This form, or its equivalent, must be provided to the school nurse upon the student returning to school.

Once a concussion is diagnosed, per 105 CMR 201.010 a student-athlete must complete a **Graduated Return to Play Protocol** before returning to athletic activities and the only form that provides clearance to return to participation in extracurricular activity is the most current version of the **MA DPH Post Sports-Related Head Injury Medical Clearance and Authorization Form**.

_____ The student’s head injury did not involve a concussion and therefore may return to full competition and full contact activities. If this option is selected, please fill out the **MA DPH Medical Clearance and Authorization Form**, providing a different diagnosis (e.g. contusion, facial injury) for the head injury under the “*Other Relevant Diagnosis*” section to allow the student-athlete to return to extracurricular athletic activities.

_____ The student has been diagnosed with a concussion and needs to return for further evaluation once symptom-free.

_____ The student has been diagnosed with a concussion and, once symptom-free and off of academic accommodations, may complete a **Graduated Return to Play Protocol** with the school’s Licensed Athletic Trainer. Upon completing the RTP, the Athletic Trainer will contact me, and I will provide a copy of the **MA DPH Medical Clearance and Authorization Form**.

_____ The student has been diagnosed with a concussion and, once symptom-free and off of academic accommodations, may complete a **Graduated Return to Play Protocol** with the school’s Licensed Athletic Trainer. Upon completing the RTP, the Athletic Trainer will contact me and may complete the **MA DPH Medical Clearance and Authorization Form** under my consultation/coordination/supervision.

The KPHS Athletic Department believes a student-athlete should be off academic accommodations before beginning a **Graduated Return to Play Protocol**, but if the physician completing this form feels it is not necessary to be off academic accommodations, please indicate this opinion in the “Other Notes” section below.

Recommended Re-Evaluation Date ____/____/____

Other Notes: _____

Physician’s Signature _____

Physician’s Printed Name _____

Physician’s Fax Number (_____) _____ - _____

Physician’s Phone Number (_____) _____ - _____