

**PHYSICAL EXAMINATION: To be completed by a Physician, Physician's Assistant or Nurse Practitioner ONLY**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure (sitting): (arm) \_\_\_\_\_ (leg) \_\_\_\_\_

V Right 20 / \_\_\_\_\_ Left 20 / \_\_\_\_\_ Corrected: Y N Body Fat% (opt.): \_\_\_\_\_ UA (opt.): \_\_\_\_\_

	Normal	Abnormal Findings	Initials
<b>General Medical</b>			
Appearance/Emotional Affect			
Head/Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart (standing/supine)			
Pulses (include femoral)			
Lungs			
Abdomen (include liver, spleen)			
Skin			
Neurologic (Balance, Coordination)			
Genitalia (males only)			
<b>Orthopedic</b> Record if any laxity, weakness, instability, decreased ROM			
Cervical/Spine			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
<b>Cardiologic (optional)</b>			
EKG			
Echocardiogram			
<b>Neurologic (optional)</b>			
Baseline Neuropsychological Testing			

**CLEARANCE**

I, \_\_\_\_\_, undersigned, certify that I have examined this student-athlete and find him/her medically:

- Cleared
- Deferred until: (e.g. Rehab, consultation, lab, referral, etc.) \_\_\_\_\_
- May participate in the following sport(s) ONLY: (CHECK ALL THAT APPLY)  
 \_\_\_\_\_ Contact/Collision \_\_\_\_\_ Limited Contact \_\_\_\_\_ Non-Contact/Strenuous \_\_\_\_\_ Non-Contact/Non-Strenuous

Classification of Sports by Contact			
Contact/Collision	Limited Contact	Non-Contact	
		Strenuous	Non-Strenuous
<input type="checkbox"/> Football	<input type="checkbox"/> Baseball/Softball	<input type="checkbox"/> Discus, Javelin, Shot Put	<input type="checkbox"/> Golf
<input type="checkbox"/> Soccer	<input type="checkbox"/> Basketball	<input type="checkbox"/> Running/Cross Country	
	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Swimming	
	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Tennis	
	<input type="checkbox"/> High Jump, Pole Vault	<input type="checkbox"/> Strength Training	

Please specify each condition requiring clearance before participating in sport in the classification checked above:

\_\_\_\_\_

Not cleared Due to: \_\_\_\_\_

The following are considered disqualifying, but not limited to, until medical and parental releases are obtained: Atlantoaxial instability; Bleeding disorder; Hypertension; Dysrhythmia; Mitral valve prolapse; Acute infections; Obvious growth retardation; Diabetes mellitus; Jaundice; Severe visual or auditory impairment; Pulmonary insufficiency; Organ transplant recipient; Enlarged liver or spleen; Hernia; Musculoskeletal deformity associated with functional loss; History of concussions or repeated concussions; Absence of one kidney, eye, testicle, ovary, etc.

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature \_\_\_\_\_ MD PA NP

**Physician Office Stamp:**

Date of exam: \_\_\_\_\_

# CONCUSSION

## INFORMATION FOR *STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS*

**What is a concussion?** A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

**How do I know if I have a concussion?** There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

*Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)*

**What should I do if I think I have a concussion?** If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

**When should I be particularly concerned?** If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

**What are some of the problems that may affect me after a concussion?** You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

**How do I know when it's ok to return to physical activity and my sport after a concussion?** After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

**You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.**

*This information is provided to you by the UNC Matthew Gfellor Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.*

## Student-Athlete & Parent/Legal Custodian Concussion Statement

*\*If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name: \_\_\_\_\_

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s): \_\_\_\_\_

- We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*.  
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Custodian

\_\_\_\_\_  
Date