



## RNC PHYSICIAN CONCUSSION EVALUATION & CLEARANCE FORM

### **Athlete Information**

Today's Date: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Athletes Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Club & Team: \_\_\_\_\_

### **Concussion History**

Date of last concussion: \_\_\_\_\_ Number of Concussions sustained: \_\_\_\_\_

How long did it take to recover from most recent concussion: \_\_\_\_\_

Does the athlete have an ImPACT or SCAT3 Baseline: **Y/N**

Given by: \_\_\_\_\_ Title: \_\_\_\_\_

ImPACT/SCAT3 Re-Evaluation completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title/Role \_\_\_\_\_

### **To Be Completed by Physician:**

**At this time is the athlete is:**

Experiencing any concussion signs/symptoms at rest: **Y/N**

If Yes, describe signs/symptoms: \_\_\_\_\_

Experiencing any concussion signs/symptoms with physical or mental exertion: **Y/N**

If Yes, describe signs/symptoms: \_\_\_\_\_

Is the athletes ImPACT / SCAT3 score within baseline ranges: **Yes No N/A**

***Please initial all of the following that apply***

\_\_\_\_\_ Athlete has a concussion and may not return to physical activity or rugby practices/matches until medically cleared (Rugby NorCal requires full 2 week rest period for any concussion, then 4 stage Graduated Return to Play Protocol)

\_\_\_\_\_ Athlete is fully symptom free and has completed two week mandatory rest period and may begin Graduated Return To Play (see next page) on (date: \_\_\_\_\_)

\_\_\_\_\_ Athlete has been evaluated and assessed as NOT having sustained a concussion and may return to play immediately

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

***Document must be signed by a Physician licensed in the State of California.***