

# Cretin-Derham Hall: Medical Clearance - Concussion

*Co-Sponsored by the Sisters of St. Joseph of Carondelet and the Brothers of the Christian Schools*

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

Grade: \_\_\_\_\_ Sport: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Body Part: \_\_\_\_\_ Side: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

## **Recommendations:**

- Specialty Referral: \_\_\_\_\_
- Rehabilitation
  - CDH Athletic Trainer Physical Therapist – Location: \_\_\_\_\_
  - Academic Accommodations – please see separate Academic Accommodations form.
- Repeat ImPACT
- Other: \_\_\_\_\_

## **Level of Participation in Sport:**

- Out
- Conditioning Only
- Non-Contact, Sport-Related Activity
- Full Participation
- May Initiate Return to Play Progression
- Other: \_\_\_\_\_

## **This student-athlete:**

- Must return to clinic before resuming full participation in sport.
- Does not need to return to clinic before resuming full participation in sport.

Name of Physician (print): \_\_\_\_\_ Clinic Name: \_\_\_\_\_

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

**Please return to: Angie Koich, MS, LAT, ATC - [akoich@c-dh.org](mailto:akoich@c-dh.org)**

**550 Albert Street South St. Paul, MN 55116 Fax: 651.696.3367 Phone: 651.696.3345**

**\*\*This form must be submitted to the athletic trainer before the student-athlete can resume participation in sport activities.**