



Jesuit High School Sports Medicine

Concussion Return to Participation Medical Release

** This form is meant to be a suggestion for medical providers, not a requirement*

Student Name: _____ Date of Birth: _____ Date of Injury: _____

- At this time, the student is:
- symptom free at rest
 - NOT symptom free at rest
 - symptom free with exertion
 - NOT symptom free with exertion
 - scoring within a normal range on ImPACT
 - NOT scoring within a normal range on ImPACT

All athletes with a concussion will be removed from competition and/or practice for that day per OSAA guidelines. Return to competition requires written medical clearance from a Health Care Professional AND completion of the return to participation progression.

Athletes will spend a minimum of one day at each step in the return to play progression. If symptoms re-occur, activity will be stopped. After stopping activity, the athlete will be required to rest for a minimum of 24 hours, then they may resume activity one step below where he or she was when symptoms occurred.

Return to Participation Progression

1. **No activity:** Complete rest, both physical and cognitive. This may include staying home from school or limiting school hours and/or homework as activities requiring concentration and attention may worsen symptoms and delay recovery.
2. **Light aerobic exercise:** Walking or stationary bike at low intensity.
3. **Sport specific exercise:** Sprinting, dribbling basketball or soccer; no helmet or equipment
4. **Non-contact practice:** More complex drills in full equipment. Light weight training can begin.
5. **Full Contact practice:** Participate in normal practice after medical clearance.
6. **Unrestricted full Return to Participation**

Return to Participation Progression applies to all activities including PE classes

This section to be completed by Physician/Health Care Professional:

- Cleared to begin return to participation progression once asymptomatic
- NOT** cleared to begin progression
- Please allow classroom accommodations such as extra time on tests, a copy of classroom notes, a quiet room to take tests and a reduced workload when possible

Physician/Health Care Professional Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Per OAR 581-022-0421 "Health Care Professional" means a Physician's Assistant (PA), Doctor of Osteopathic (DO) licensed by the Oregon State Board of Medicine, nurse practitioner licensed by the Oregon State Board of Nursig, or Psychologist licensed by the Oregon Board of Psychologist Examiners