

Special Olympics Virginia Concussion Clearance Form

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Name:	
Date of Injury:	
Today's Date:	

The above named athlete has sustained a concussion. This form is to guide the approved licensed healthcare provider in assessing the athlete's readiness to initiate a gradual return to participation.

Elements of care include: Athletes should not return to practice or play the same day as the suspected concussion. Athlete should not return to play if they continue to have symptoms of the concussion. Accommodations should be made both physically and cognitively for athletes experiencing symptoms of a concussion.

No athlete is to be permitted to return to participation until all of the following elements apply: (check all that apply and do not return to participation if all are not back to normal/baseline for that athlete)

1.	No symptoms at rest or with normal activities of daily living
2.	Normal neurologic exam
3.	Normal balance and coordination
4.	A return to baseline or normal cognitive testing

Recommendations: (Please check)

1.	The athlete is asymptomatic (no symptoms of concussion) and has passed all of the	
	above evaluations and may return to full participation	
2.	The athlete is still symptomatic and not cleared for practice or competition at this	
	time	

Please follow these accommodations (list only if accommodations are necessary):

I certify that I am an appropriate licensed healthcare professional permitted to manage concussions per Virginia statue and I am aware of the current recommendations for concussion evaluation and management.

Medical provider name (please print):	
Office Street Address:	
City:	State: Virginia Zip Code:
Phone Numbers	
Signature:	

Please forward a copy of this form to Jennifer Gordon at <u>jgordon@specialolympicsva.org</u> or send to 21 Southgate Ct., Suite 103, Harrisonburg, VA 22801. Fax #: 540-434-6508. The Concussion Clearance Form will become a part of the athlete's permanent record with their Application for Participation and Release Forms.