

HEAD CONCUSSION EVALUATION AND RELEASE TO PLAY FORM  
FOR LICENSED HEALTH CARE PROVIDERS

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sport's Team: \_\_\_\_\_ Grade: \_\_\_\_\_ Number of Past Concussions: \_\_\_\_\_

Brief Description of How Injury Occurred and Why Concussion is Suspected:

\_\_\_\_\_

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**HEALTH CARE PROVIDER SECTION**

Per Indiana Code 20-34-7, a student athlete who is suspected of suffering a head concussion may not return to play until the student athlete has been evaluated by a **licensed health care provider trained in the evaluation and management of concussions and head injuries** and receives a written clearance to return to play from the health care provider who evaluated the student athlete.

Health Care Provider Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Licensing Board: \_\_\_\_\_

I have evaluated the above mentioned student athlete and the student athlete is:

\_\_\_\_\_ **NOT** cleared to participate in any sports-related activities (including gym class) until seen for a follow-up exam

\_\_\_\_\_ Cleared, as of today, to return to all activities, including sports, without restrictions

\_\_\_\_\_ Cleared to return to all activities, including sports, without restrictions, on the following date - \_\_\_\_\_

\_\_\_\_\_ Cleared to return to sports following the schedule below. Please note that if signs and symptoms of a concussion re-occur, the student must return to the previous stage and parents must contact the licensed health care provider for instructions.

Step 1: May participate in light activity on the following date - \_\_\_\_\_  
(10 minutes on an exercise bike, walking or light jogging; but no weight lifting, jumping or hard running)

Step 2: May participate in moderate activity on the following date - \_\_\_\_\_  
(Moderate intensity activity on an exercise bike, jogging or weight lifting)

Step 3: May participate in heavy; non-contact physical activity on the following date - \_\_\_\_\_  
(Sprinting, running, high-intensity exercise bike, weight lifting; but no contact sports)

Step 4: May return to full practice and full game play on the following date - \_\_\_\_\_

\_\_\_\_\_ Other – please list:

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(Signature of Health Care Provider)

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(Date)