



FHS CONCUSSION REFERRAL AND DOCTOR'S CLEARANCE

Dear Physician (MD or DO),

This student-athlete is suspected of sustaining a concussion. Pursuant to California state law and CIF regulations, he/she must be evaluated by a physician (MD or DO) and complete a supervised graduated return to play protocol (RTP) no less than 7 days in duration. Please fill out this letter indicating whether or not the athlete has suffered a concussion, and if so if he/she may begin RTP (see reverse) under the direct supervision of a Certified Athletic Trainer.

Name: _____ Date of injury: _____ Sport: _____ Age: _____

INJURY STATUS

Exam date: _____

- ☐ Has been diagnosed by an MD/DO with a concussion
- ☐ Was evaluated and did not suffer a concussion. May return to school and athletics with no restrictions

ACADEMIC STATUS

- ☐ This student is NOT to return to academics until further evaluation
- ☐ This student may begin a return to learn protocol; requires school accommodations set forth on the **Physician Recommended School Accommodations Following Concussion** form (see cifstate.org for more information)
- ☐ This student is cleared for full academic participation

PHYSICAL ACTIVITY STATUS

- ☐ This student may not participate in any physical activity until further evaluation
Medical follow-up evaluation scheduled for (date): _____
- ☐ This student may begin a monitored, graduated return to play progression (per CIF Concussion RTP Protocol).
- ☐ This student is cleared for full, unrestricted athletic participation (has completed supervised/documented CIF Concussion RTP Protocol). ***Note to doctor: If completed in your office, please include documentation for FHS records.**

Comments: _____

Physician (MD/DO) Signature: _____ Date: _____

Parent/Guardian Acknowledgement/Signature: _____ Date: _____

By signing I give my permission to share this information with FHS' athletic trainer and school officials to accomplish this plan



Fallbrook High School Graduated Return to Play Protocol

- ☐ Signed Dr's note (MD or DO)
- ☐ Step 1: Asymptomatic for at least 48 (documented) hours after seeing physician
 - o Date:_____ ATC signature:_____
- ☐ Step 2: Light exercise (10-15 min stationary bike, elliptical)
 - o Date:_____ ATC signature:_____
- ☐ Step 3: Moderate exercise (20-30 min jogging, bike, body weight resistive exercise)
 - o Date:_____ ATC signature:_____
- ☐ Step 4: Strenuous exercise (30-45 min running or bike, weight lifting at 50%)
 - o Date:_____ ATC signature:_____
- ☐ Step 5: Modified practice (weight-lifting, non-contact sports specific drills i.e. cutting, jumping etc, no contact with people, padding or floor/mat)
 - o Date:_____ ATC signature:_____
- ☐ Step 6: Modified practice (controlled contact, no scrimmaging or 'live drills')
 - o Date:_____ ATC signature:_____
- ☐ Step 7: Full Practice
 - o Date:_____ ATC signature:_____
- ☐ Step 8: Full participation (competition)
 - o Date:_____ ATC signature:_____

*If at any stage symptoms return, stop activity immediately. Once back to asymptomatic (typically the next day) return to last step athlete was symptom free.