



The Commonwealth of Massachusetts
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Post Sports-Related Head Injury Medical Clearance and Authorization Form

For students: Please have your medical care provider complete this form and return it to your Athletic Director, Athletic Trainer, or School Nurse.

Student Information

Student's name		Date of birth	Grade
Date of injury:	Other relevant diagnosis:		
Asymptomatic: Yes _____ No _____	Prior concussions (i.e., Number of concussions, approximate dates):		

Medical Provider Information

Practitioner's name:		Phone number:
Associated Hospital/Organization:		License number:
Type of Practitioner ¹ : <input type="checkbox"/> Physician <input type="checkbox"/> Licensed Athletic Trainer <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Neuropsychologist		
<input type="checkbox"/> I attest that I have received clinical training in post-traumatic head injury assessment and management that is approved by the Department of Public Health ² or have received equivalent training as part of my licensure or continuing education.		
Type of Training completed ³ : <input type="checkbox"/> CDC online clinician training <input type="checkbox"/> MDPH approved Clinical Training <input type="checkbox"/> Other (Please describe):		
Select one of the following: <input type="checkbox"/> I certify that the above named student is cleared to begin a gradual return to play protocol. ⁴ <input type="checkbox"/> I certify that the above named student has completed the necessary stages of a gradual return to play protocol ⁴ and is cleared for full activity without restriction.		

Practitioner's Signature: _____

Date: _____

Name of the physician providing consultation/coordination/supervision (if not the same as signatory):

For Medical Providers:

How to Use this Form and Guide a Conversation about Gradual Return to Play Protocol

1. To clear a student to begin a gradual return to play protocol, the student must be back in the classroom full-time without concussion-related academic accommodation(s). Do not clear the student to begin the gradual return to play protocol if they still require concussion-related academic accommodations. Ask the student:
 - About their experiences in the classroom before and after the concussion.
 - Whether or not they are still experiencing symptoms from the concussion while conducting school work.
2. To clear a student to return to full activity without restriction, verbally confirm that the student has complete stages 1-4 of the below gradual return to play protocol.⁵ Do not clear the student to return to full activity without restriction if they have not completed steps 1-4 below without the reoccurrence of concussion-related symptoms. Ask the student:
 - About their symptoms, thinking, and concentration skills at each stage described below.
 - About the exercises and drills specific to their sport in which they engaged at each stage.
3. The student should only move to the next stage if recurrence of symptoms did not occur. If symptoms return or persist, inform the athlete that they should go back to the previous asymptomatic level and attempt to progress again after being free of concussion-related symptoms for a further 24-hour period at the lower level.

Gradual Return to Play Protocol

Stage 1: Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking and light weightlifting (low weight-moderate reps, no bench, no squats).

Stage 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and/or reduced weight from your typical routine).

Stage 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility-with 3 planes of movement.).

Stage 4: Sports specific practice.

Stage 5: Full contact (if appropriate) in a controlled drill or practice. Physician or medical provider should sign the medical clearance form before full contact is practiced.

Stage 6: Return to competition.

¹Licensed Athletic Trainer, Nurse Practitioner, Physician Assistance, and Neuropsychologist must work in consultation with a licensed physician to clear a student.

²MDPH approved Clinical Training options can be found at: [mass.gov/service-details/concussiontrainings](https://www.mass.gov/service-details/concussiontrainings). This form is not valid without attestation of clinical training.

³Completion of this section is required for a student to be cleared to return to play.

⁴See above for additional information about the stages of the gradual return to play protocol and use of this form.

⁵Numbering and definitions of the stages of the protocol may vary by protocol and school policy.