CONCUSSION EVALUATION AND RELEASE TO PLAY FORM FOR LICENSED HEALTH CARE PROVIDERS (SECTION ONE: to be completed by team personnel) Student Name: _____ Date: Sport's Team: _____ Grade: ____ Number of Past Concussions: ____ Brief Description by Team Personnel of How Injury Occurred and Why Concussion is Suspected: (SECTION TWO: Completed by Licensed Health Care Provider) Per Indiana Code 20-34-7, a student athlete who is suspected of suffering a 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: Step 1: May participate in light activity on the following date* -(10 minutes on an exercise bike, walking, or light jogging; but no weight lighting, 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 {reduced time and/or weight than normal}) Step 3: May participate in heavy; non-contact physical activity on the following date* -(Sprinting, running, high-intensity exercise bike, and weight lifting; but no contact sports) Step 4: May return to practice and full contact in a controlled practice setting on the following date* -Step 5: May return to full game play on the following date* -Other – please list: * Please note that if signs and symptoms of a concussion occur, the student must return to the previous stage and parents must contact the licensed health care provider for instructions.

(Date)

(Signature of Health Care Provider)