



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
**POST SPORTS-RELATED HEAD INJURY  
 MEDICAL CLEARANCE AND AUTHORIZATION FORM**

This medical clearance should be only be provided *after* a graduated return to play plan has been completed and student has been symptom free at all stages. **The student must be completely symptom free at rest and during exertion prior to returning to full participation in extracurricular athletic activities.**

Student's Name	Sex	Date of Birth	Grade
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Date of injury: \_\_\_\_\_ Nature and extent of injury: \_\_\_\_\_

Symptoms (check all that apply):

- Nausea or vomiting
- Headaches
- Light/noise sensitivity
- Dizziness/balance problems
- Double/blurred vision
- Fatigue
- Feeling sluggish/"in a fog"
- Change in sleep patterns
- Memory problems
- Difficulty concentrating
- Irritability/emotional ups and downs
- Sad or withdrawn
- Other
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Duration of Symptom(s): \_\_\_\_\_ Diagnosis:  Concussion  Other: \_\_\_\_\_  
 If concussion diagnosed, date student completed graduated return to play plan without recurrent symptoms: \_\_\_\_\_

Prior concussions (number, approximate dates): \_\_\_\_\_

Name of Physician or Practitioner: \_\_\_\_\_  
 Physician  Certified Athletic Trainer  Nurse Practitioner  Neuropsychologist  
 Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Physician providing consultation/coordination (if not person completing this form): \_\_\_\_\_

**I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT FOR RETURN TO EXTRACURRICULAR ATHLETIC ACTIVITY AND ATTEST THAT I HAVE RECEIVED CLINICAL TRAINING IN POST-TRAUMATIC HEAD INJURY ASSESSMENT AND MANAGEMENT APPROVED BY THE DEPARTMENT OF PUBLIC HEALTH\* OR HAVE RECEIVED EQUIVALENT TRAINING AS PART OF MY LICENSURE OR CONTINUING EDUCATION.**

Physician or Practitioner signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate type of clinical training received (optional):

DPH Clinical Training  On-line Training  Other (Describe) \_\_\_\_\_

\*By September 2013, physicians, nurse practitioners, certified athletic trainers, and neuropsychologists providing medical clearance for return to play shall **verify that they have received** Department-approved training in post traumatic head injury assessment and management or have received equivalent training as part of their licensure or continuing education. This MDPH approved Clinical Training can be found at: