

SUSPECTED HEAD INJURY NOTIFICATION and CLEARANCE FORM

Athlete Name:			Ph	one#:		Date:			
Tea	ım:		С	oach:					
Plea mar	ase follow the re	commendations below call a concussion care	v to ensure proper	care and tr	eatment for	the injury. If you	ı have any o	questions al	bout concussion
RE	TURN TO PLAY (GUIDELINES:							
1.		st be evaluated by a l							
		learance to return to p			graduated	return to play proc	edure. This w	ritten cleara	ance is to be kept
2.	If a concussion is suspected or confirmed by the medical professional outlined in #1 (above), that player must sit out of activity with full retheminimum guidelines: Youth and HS players (18 and under) - 2 weeks (14 full days) AND be symptom free before beginning day Graduated Return to Play Protocols. The player may not return to contact rugby before Graduated Return to Play Proceed fully complete and symptom free. Learn more about GRTP here: https://rugbyohio.com/concussions/								
INI	TIAL SYMPTOMS	S OBSERVED (circle	all that apply): D)ATE:	ll_	TIME:			
	Headache	Nausea/Vomiting	Memory Loss	Impaired Vis	ion Dizz	iness/Disorientat	on Impai	red Vision	Impaired
	Speech Loss	of Consciousness	Unequal Pupils	Emotional	Change	Difficulty Co	ncentrating	Balance	e Deficits
	Other (please	describe):							
Brie	ef description by	trainer, coach or pai	rent as to how injur	y occurred	and why co	oncussion is susp	pected:		
play con- not Rug out play	 Ohio laws prohil cussion. He/she n sustain a concuss by Ohio policy, in of activity with full ver may not return 	lay law requires that Copit a child to return to properly return the following sion. compliance with World rest for 2 weeks (14 for to contact rugby befor Name & Credentials:	olay (practice or com g day if cleared in wi d Rugby and USA R ull days) AND be sy re GRTP protocol is	petition) on triting by a pharmonic	he same da ysician (MD ssion policie sefore begin ed and play	ay that he/she is re or DO) or other a as, directs that a planing the 5 day Gra	moved on su uthorized hea ayer diagnos aduated Retu	uspicion of halthcare pro	naving sustained a vider that they did oncussion must sit
l ha	ave evaluated the	above-mentioned stud	lent athlete and the	student athle	te is:				
_	Cleared, Play	er did NOT have a C	ONCUSSION, and n	nay return to	all activities	s, including sports,	without restr	rictions	
	NOT cleared	to participate in any sp	oorts-related activitie	s (including	gym class) ı	until seen for a foll	ow-up exam		
sus		today, to return to all d per Rugby Ohio Poli		sports, withou	ut restriction	is (must be a least	19 days afte	r the concu	ssion was
rec		turn to rugby following imum of 24-hours, whi					per the Rug	by Ohio Pol	icy. Each step
	 Sport Non-c Full c 	aerobic exercise to inc specific exercise to a contact training drills to ontact practice to rest on to Play	dd movement o test exercise, coor			ad			

Signature of Health Care Provider: ______ Date: _____