



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**

**NOTE:** Complete this form **AFTER** the student is back in the classroom full-time without concussion-related academic accommodation(s) and has completed stages 1-4 of the gradual return to play protocol.

Student's Name:	Date of Birth:	Grade:

Date of Injury: \_\_\_\_\_ Other Relevant Diagnosis: \_\_\_\_\_

Asymptomatic: Yes:  No

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

**By signing this form:**

**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<sup>i</sup> or have received equivalent training as part of my licensure or continuing education.**

Type of Training completed<sup>ii</sup>:

CDC online clinician training       Other MDPH approved Clinical Training

Other (Describe): \_\_\_\_\_

**I certify that the above named student has completed stages 1-4 of the gradual return to play protocol<sup>iii</sup> and is cleared for full activity without restriction.**

Practitioner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Associated Hospital/Organization: \_\_\_\_\_

Type of Practitioner:

Physician    Licensed Athletic Trainer    Nurse Practitioner    Neuropsychologist    Physician Assistant

Name of the physician providing consultation/coordination/supervision (if not person completing this form):

\_\_\_\_\_

# How to Guide a Conversation about Gradual Return to Play Protocol:

The following stages must be complete before a student athlete can return to play. Before signing the medical clearance form, ask the student whether or not they completed each phase.

Ask them:

- 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

The student should have only moved 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.

**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.

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<sup>i</sup> MDPH approved Clinical Training options can be found at: <https://www.mass.gov/service-details/concussion-trainings>

<sup>ii</sup> Completion of this section is required for a student to be cleared to return to play

<sup>iii</sup> See "How to Guide a Conversation about Gradual Return to Play Protocol" for additional information about the stages of the gradual return to play protocol.