COLLINGWOOD
SCHOOL

INITIAL CONCUSSION ASSESSMENT FORM

(to be completed by Doctor)

The student named below is suspected to have sustained a concussion. Students with a suspected concussion are referred to a physician for same day medical assessment. The student will **not** be allowed to "Return to Learn; Return to Play" until this form is completed and signed by the attending physician.

Student Name: _____ Date of Suspected Concussion: _____

☐ Student **DOES NOT** have a concussion ☐ Student **DOES** have a concussion

Symptoms reported by the student include, but are not limited to (please check all that apply):

- ○ Headache
- ○ Sleeping difficulties
- ○ Light sensitivity
- ○ Dizziness
- ○ Environmental sensitivity
- ○ Fogginess
- ○ Nausea
- ○ Cognitive difficulties
- ○ Visual dysfunction
- ○ Noise sensitivity
- ○ Fatigue
- ○ Neck pain

RETURN TO LEARN STAGES OF CONCUSSION

Please circle the most appropriate stage for the student based on your assessment
Rest 24-48hrs if indicated by doctor, before starting Stage 1

1	2	3	4	5	6
Limited Physical/Mental (No School)	Light Cognitive Activity: 30-45 mins max (No School)	Back to School Part Time Moderate Accommodation	Increase School Time Moderate Accommodation	Full-Time School Minimal Accommodation	Full-Time School No Accommodation

RETURN TO SPORT STAGES OF CONCUSSION

Please circle the most appropriate stage for the student based on your assessment
Rest 24-48hrs if indicated by doctor, before starting Stage 1

1	2	3	4	5	6
No Sports/Activity Until Symptoms Improve	Light Aerobic Exercise No Resistance	Sport Specific Exercise No Head Impact	Non-Contact Drills	Full-Contact Practice	Back in the Game

Note: both tools can be used in parallel; however, Return to School should be completed before Return to Sport is completed. MEDICAL CLEARANCE REQUIRED before moving to stage 5 of Return to Sport.

Follow up date: _____

Notes: _____

Physician Name: _____ Physician Signature: _____

Resources: Concussion Assessment Training Tool (CATT)
Complete Concussion Management (CCM)
Parachute Canada

Updated: May 2019

COLLINGWOOD
SCHOOL

CONCUSSION FOLLOW UP FORM

(to be completed by Doctor)

A physician has diagnosed the following student with a concussion. They have been placed on the Concussion Awareness Training Tool (CATT). This form documents the follow up assessment and the doctor's evaluation. *If student's concussion symptoms have resolved and student is deemed clear to return to full sport, please complete the medical clearance letter accompanying this package.*

Student Name: _____ Date of Suspected Concussion: _____

Symptoms reported by the student include, but are not limited to (please check all that apply):

- ○ Headache
- ○ Sleeping difficulties
- ○ Light sensitivity
- ○ Dizziness
- ○ Environmental sensitivity
- ○ Fogginess
- ○ Nausea
- ○ Cognitive difficulties
- ○ Visual dysfunction
- ○ Noise sensitivity
- ○ Fatigue
- ○ Neck pain

RETURN TO LEARN STAGES OF CONCUSSION

Please circle the most appropriate stage for the student based on your assessment

Rest 24-48hrs before starting Stage 1

1	2	3	4	5	6
Limited Physical/Mental (No School)	Light Cognitive Activity: 30-45 mins max (No School)	Back to School Part Time Moderate Accommodation	Increase School Time Moderate Accommodation	Full-Time School Minimal Accommodation	Full-Time School No Accommodation

RETURN TO SPORT STAGES OF CONCUSSION

Please circle the most appropriate stage for the student based on your assessment

Rest 24-48hrs before starting Stage 1

1	2	3	4	5	6
No Sports/Activity Until Symptoms Improve	Light Aerobic Exercise No Resistance	Sport Specific Exercise No Head Impact	Non-Contact Drills	Full-Contact Practice	Back in the Game

Note: both tools can be used in parallel; however, Return to School should be completed before Return to Sport is completed. MEDICAL CLEARANCE REQUIRED before moving to stage 5 of Return to Sport.

Follow up date: _____

Notes: _____

Physician Name: _____ Physician Signature: _____

Resources: Concussion Assessment Training Tool (CATT)
Complete Concussion Management (CCM)
Parachute Canada

Updated: May 2019

COLLINGWOOD
SCHOOL

CONCUSSION CLEARANCE LETTER

(to be completed by Doctor)

Student Name: _____ Date: _____

To Whom it May Concern,

The above-mentioned student has been medically cleared to participate in full game play.

Students who have been cleared for full-contact practice or game play must be able to participate in full-time school or be back to their normal cognitive activity. Any student who has been cleared for full contact practice or full game play and has recurrence of symptoms, should immediately remove themselves from play, inform their teacher, coach, or school nurse and undergo medical assessment by a doctor before returning to full-contact practice or games.

Notes: _____

_____

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_____

_____

_____

Physician Name: _____ Physician Signature: _____

Resources: Concussion Assessment Training Tool (CATT)
Complete Concussion Management (CCM)
Parachute Canada

Updated: May 2019