

Brunswick County Schools
Return to Learn Concussion Clearance Form
(To be completed by physician or healthcare provider)

Student's Name: _____ DOB: _____

School: _____ Grade: _____ Concussion Date: _____

Following a concussion, individuals need both cognitive and physical rest to maximize recovery. Activities such as reading, watching TV or movies, video games, working/playing on a computer or other electronic devices, and/or texting require effort and can worsen symptoms during the acute period after a concussion. Navigating academic requirements and a school present a challenge to a recently concussed student-athlete. A Return-to-Learn policy facilitates a gradual progression of cognitive demand for student-athletes in a learning environment. Healthcare providers should consider whether academic and school modifications may help expedite recovery and lower symptom burden. It is important to review academic/school situation for each student-athlete and identify educational accommodations that may be beneficial.

Sign/Symptom	Modifications/Accommodations (check all that are recommended or required)	Duration
Headache	<input type="checkbox"/> Permit frequent breaks <input type="checkbox"/> Identify aggravators and reduce exposure to them <input type="checkbox"/> Provide rest, planned or as needed in nurse's office/health room or quiet area	
Dizziness	<input type="checkbox"/> Allow student to put head down if symptoms worsen <input type="checkbox"/> Permit early dismissal from class to avoid crowded hallways and allow extra time for transitions between classes	
Visual Symptoms: light sensitivity, double vision, blurry vision	<input type="checkbox"/> Reduce exposure to electronic devices (computers, iPads, smart boards, videos) <input type="checkbox"/> Reduce Brightness on screens <input type="checkbox"/> Allow student to wear a hat with bill worn forward or sunglasses to reduce light exposure <input type="checkbox"/> Permit the use of audiotapes of books <input type="checkbox"/> Turn off fluorescent lights as needed <input type="checkbox"/> Seat student closer to the center of the classroom activities (blurry vision) <input type="checkbox"/> Cover one eye with patch/tape one lens if glasses are worn (double vision)	
Noise Sensitivity	<input type="checkbox"/> Allow student to have lunch in a quiet area outside of the cafeteria <input type="checkbox"/> Limit or avoid band, choir, or shop classes <input type="checkbox"/> Avoid noisy gyms and organized sports practices/games <input type="checkbox"/> Permit the use of ear plugs when in noisy environment <input type="checkbox"/> Permit early dismissal from class to avoid crowded hallways and allow extra time for transitions between classes	
Difficulty Concentrating or Remembering	<input type="checkbox"/> Avoid testing or completion of major projects during recovery when possible <input type="checkbox"/> Provide extra time to complete non-standardized tests <input type="checkbox"/> Postpone standardized testing (may require formal academic accommodations) <input type="checkbox"/> Consider one test per day during exam periods, as tolerated <input type="checkbox"/> Consider the use of preprinted notes, note-taker, scribe, or reader for oral test taking	
Sleep Disturbances	<input type="checkbox"/> Allow for late start or shortened school day to catch up on sleep <input type="checkbox"/> Allow rest breaks	
Return to School	<input type="checkbox"/> Out of school <input type="checkbox"/> Abbreviated school day <input type="checkbox"/> May return to school with no academic modifications or accommodations <input type="checkbox"/> May return to PE class without restriction <input type="checkbox"/> Not cleared for sports practice or competition at this time <input type="checkbox"/> Must return to medical provider for final clearance/repeat evaluation and recommendations in _____ days	

Additional Recommendations: _____

Physician's/Health Care Provider's Name (Please Print): _____

Phone Number: _____ Fax Number: _____

Physician's/Health Care Provider's Signature: _____ Date: _____