



STRATH HAVEN MIDDLE SCHOOL

200 SOUTH PROVIDENCE ROAD, WALLINGFORD, PA 19086-6334
(610) 892-3470 • fax (610) 892-3492

CONCUSSION CHECKLIST

This checklist is to be completed by the injured student's family physician or the team doctor and submitted to the school nurse as soon as possible by the parent. This checklist may be updated and resubmitted as appropriate by the designated medical professional selected by the parent.

Name of Student _____ Grade _____

Date of Injury _____

Diagnosis _____

Academic Restrictions: (check appropriate level of participation)

- _____ Complete cognitive rest. Absence from school required at this time.
- _____ Classroom attendance for partial day with modifications to work completion.
- _____ Classroom attendance for full day with modifications to work completion.
- _____ Classroom attendance for full day with no limitations.

Modifications (check all that apply)

- | | |
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| _____ Extended time for assignment completion | _____ Copies of classroom/lecture notes |
| _____ Oral assessments | _____ Reduction of assignments |
| _____ Quiet environment for testing | _____ Modified tests or quizzes |
| _____ Provide written directions for work | _____ No tests or quizzes |
| _____ No computer work | _____ No reading |

Physical Restrictions: (check appropriate level of exercise)

- _____ No practice or physical activity.
- _____ Light, non-contact exercise, including walking, riding an exercise bike, or other cardiovascular exercise, with the exception of weight lifting.
- _____ Running in the gym or on the field without use of helmet or other equipment.
- _____ Non-contact training drills in full equipment. Light weight training.
- _____ Full contact practice or training.
- _____ Participation in competition.

Notes: _____

Anticipated duration or scheduled reevaluation _____

Physician Signature _____ Date _____