



Shore Regional High School District

Monmouth Beach – Oceanport – Sea Bright – West Long Branch

HEAD INJURY / PHYSICIAN REFERRAL FORM

Student's Name: _____ Sport: _____ Date of Injury: _____

Initial Assessment & Date: _____

SRHS Evaluator's Name & Title: _____

Diagnosis: Concussion () YES () NO and/or _____

When student/athlete is asymptomatic and neurocognitive and motor skills have returned to pre-concussion levels, as documented by appropriate health-care professional (e.g. physician, school nurse, licensed athletic trainer); student/athlete may begin Shore Regional High School Return to Play protocol.

Physician's Signature: _____ Date: _____

Physician's Stamp: _____

COMPLETE NEXT PAGE IF DIAGNOSIS IS A CONCUSSION

"Students First!"

The mission of Shore Regional High School is to inspire and to empower students to sustain themselves responsibly in an evolving global community by forging social and academic awareness. As they move towards adulthood, students will continue to develop a heightened sense of independence and tolerance as they become vital contributors to the world.

Patient Name: _____ School _____

Date of Evaluation: _____ Provider's Signature: _____

This patient has been diagnosed with a **concussion** and is currently under the care of _____.
Please excuse the patient from school today due to a medical appointment. It is suggested that the following recommendations be implemented to avoid increasing concussion symptoms and delaying recovery.

SCHOOL RECOMMENDATIONS for concussed student-athletes

Please allow the following academic recommendations from _____ thru _____

Attendance

- ☐ No school attendance for ____ school day(s); _____
- ☐ Part time attendance for ____ school day(s) as tolerated
- ☐ Full school days as tolerated
- ☐ Tutoring homebound/in school as tolerated
- ☐ No school until symptom free or significant decrease in symptoms

Visual Stimulus

- ☐ Allow student to wear sunglasses in school
- ☐ Pre-printed notes for class material or note taker
- ☐ No smart boards, projectors, computers, TV screens or other bright screens
- ☐ Enlarged font when possible

Workload/Multi-Tasking

- ☐ Reduce overall amount of make-up work, class work and homework when possible
- ☐ No homework
- ☐ Limit homework to _____ minutes a night
- ☐ Prorate workload when possible
- ☐ May turn in assignments late

Physical Exertion

- ☐ No physical exertion/athletics/gym _____
- ☐ Begin return to play protocol prior to returning to sport
- ☐ (Light) (Moderate) (Strenuous) exercising in gym
- ☐ NO CONTACT SPORTS (until cleared)

Breaks

- ☐ Allow student to go to the nurse's office if symptoms increase
- ☐ Allow student to go home if symptoms do not subside
- ☐ Elevator Pass

Audible Stimulus

- ☐ Allow student to leave class 5 minutes early to avoid noisy hallway
- ☐ Lunch in a quiet place
- ☐ No music class
- ☐ Audible learning (discussions, reading out loud, if possible text to speech programs or kindle)

Testing

- ☐ No testing until caught up with school work; See items below for further details on testing
- ☐ Extra time to complete tests
- ☐ No more than one (1) test a day
- ☐ Testing in a quiet place
- ☐ Oral testing
- ☐ Open book testing

Additional Recommendations

- ☐ Other: _____
- _____
- _____

Current Symptom List (the patient is complaining today of)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Trouble falling asleep |
| <input type="checkbox"/> Visual problems | <input type="checkbox"/> Difficulty remembering | <input type="checkbox"/> Sensitivity to noise | <input type="checkbox"/> Drowsiness |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Feeling slowed down | <input type="checkbox"/> Feeling more emotional | <input type="checkbox"/> Sleeping less than usual |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Feeling mentally foggy | <input type="checkbox"/> Irritability | <input type="checkbox"/> Sleeping more than usual |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Balance problems | | |

The patient has been scheduled for a follow-up appointment and revision of recommendations on _____

SCHOOL RECOMMENDATIONS for concussed student-athletes

These The academic accommodations may help in reducing the cognitive (thinking) load, thereby minimizing post-concussion symptoms and allowing the student to better participate in the academic process during the injury and recovery period. Needed accommodations may vary by course. The student and parent are encouraged to discuss and establish accommodations with the school on a class-by-class basis. The student and parent may wish to formalize accommodations through an IEP or 504 Plan if symptoms persist following treatment and less formalized accommodations.

Testing: Students with a concussion have increased memory and attention problems. They will not be able to learn as effectively or as quickly as before. High demanding activities like testing can significantly increase symptoms (e.g., headache, fatigue, foggiess, dizziness) which in turn can make testing more difficult.

Note Taking: Note taking may be difficult due to impaired multi-tasking abilities and increased symptoms.

Work Load Reduction: It takes a concussed student much longer to complete assignments due to increased memory problems and decreased speed of learning. Recovery can be delayed when a student “pushes through” symptoms. Therefore, it is recommended that “thinking” or cognitive load be reduced, just as physical exertion is reduced. Examples of how to shorten work might be to reduce the length of essays, have the student do every other problem in a homework assignment, or highlight key concept areas for testing while eliminating testing on less important topics. Doing school work in 15 minute intervals, followed by a rest break, is often needed.

Breaks: Take breaks as needed to control symptom levels. For example, if the headache worsens during class, the student should put their head on the desk to rest. For worsening symptoms, they may need to go to the nurse’s office to rest prior to returning to class.

Extra Time: Students may experience severe symptoms some days or nights and not others. With increased symptoms, students are advised to rest, and therefore may need to turn assignments in late on occasion.

School Environment: The school setting has a variety of constant visual and audible stimulus. Loud and noisy classrooms, hallways, auditoriums, and cafeterias can provoke symptoms in concussed students. Bright halogen lights, smart boards and projectors are visual stimulus that often exacerbates symptoms. Modifications of this stimulus may be needed during the student’s school day. Allowing students to leave class five minutes early to avoid loud hallways or eat in a quiet place during lunch, allowing pre-printed notes or use of sunglasses are options.

Physical Exertion: At no point shall a student return to contact or collision activities while currently experiencing symptoms. Return to play protocols must be completed with a certified athletic trainer or other medical provider experienced with return to play protocols. Non-contact aerobic activities will be prescribed by the medical provider as tolerated.