



# 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: \_\_\_\_\_

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### Physician: Must check appropriate box

- ☐ Yes, I do feel that I am adequately trained in the evaluation and management of concussions
- ☐ No, I do not feel that I am adequately trained in the evaluation and management of concussions

Diagnosis: Concussion ( ) YES ( ) NO and/or \_\_\_\_\_

When student/athlete is asymptomatic for five days 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 the graduated 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)

### **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         |   |   |

### **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: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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