

Exhibit – Concussion Form for Students Who Do Not Participate in Interscholastic Athletic Activities

Request for Accommodations after Concussion

Student Name: _____	DOB: _____
School Monitoring:	
<ul style="list-style-type: none">• The student will check-in daily with the school nurse (staff) to monitor concussion-related symptoms.• If an activity results in worsening symptoms, time spent engaging in that activity should be reduced.• Worsening symptoms will be promptly reported to the parent/guardian.	
Most students with a concussion feel better within 2 - 4 weeks. New, ongoing, or worsening symptoms should be re-evaluated by their physician, physician assistant, or advanced practice registered nurse, who may refer them to a brain injury specialist.	
The accommodations below should remain in effect for (ONE BOX MUST BE CHECKED) :	
<input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> until re-evaluation in my office on: _____	
Physician, PA, APRN	
Printed name: _____	Date: _____
Signature: _____	
Contact information: _____	
Parent/Guardian	
I consent to the sharing of relevant medical information between the school and the physician's office for the purpose of concussion management.	
Printed name: _____	Date: _____
Signature: _____	

Recommended Academic Accommodations Provided for the Student as needed with a gradual weaning until baseline is reached.			Physical Activity Restrictions
<u>ATTENDANCE & BREAKS</u>	<u>HOMEWORK & TESTING</u>	<u>VISUAL/AUDIO</u>	<u>PHYSICAL ACTIVITY</u>
<input type="checkbox"/> No school until: _____, then start: <input type="checkbox"/> Minimal hours (1-3 hours) <input type="checkbox"/> Reduced hours (4-6 hours) <input type="checkbox"/> Full hours (7+ hours) <input type="checkbox"/> Rest breaks as needed in a quiet location <input type="checkbox"/> Scheduled rest breaks every _____ hours for _____ minutes <input type="checkbox"/> No breaks needed	<input type="checkbox"/> No homework <input type="checkbox"/> Reduced homework <input type="checkbox"/> Extended deadlines for homework <input type="checkbox"/> Full homework <input type="checkbox"/> No classroom tests <input type="checkbox"/> Condensed tests <input type="checkbox"/> Extra time for tests <input type="checkbox"/> Tests in quiet area <input type="checkbox"/> Extended deadlines for tests <input type="checkbox"/> No standardized tests <input type="checkbox"/> Regular testing <input type="checkbox"/> Reduced make-up work	<input type="checkbox"/> No screens/computers <input type="checkbox"/> Reduced screen time <input type="checkbox"/> No visual restrictions <input type="checkbox"/> Reduced reading <input type="checkbox"/> Provide audio-books (if available) <input type="checkbox"/> Provide printed notes (if available) <input type="checkbox"/> Allow tinted glasses <input type="checkbox"/> Allow earplugs <input type="checkbox"/> Eat in quiet space <input type="checkbox"/> Access to treatment medication for headache (MUST include Unit 5 Medication Form)	<input type="checkbox"/> No PE/recess/sports <input type="checkbox"/> PE/recess - limited to walking only <input type="checkbox"/> PE/recess - light activity (no contact) <input type="checkbox"/> PE/recess - gradually increase activity as tolerated <input type="checkbox"/> No after-school extracurricular clubs or activities
Other Accommodations Requested: _____ _____ _____			For additional information visit: www.cdc.gov/HEADSUP