Muhlenberg School District Health Services Department

Concussion Guidelines for Educators

Student Name:	DOB:
Date of evaluation:	Date of Injury:
☐ No concussion present - student may partici	pate in full academic activity, physical education and sports participation
☐ Concussion resolved - may return to all norr	nal academic and physical activity without restrictions.
☐ Diagnosis of concussion:	
Until this student is fully recovered, the following su	upports are recommended: (check all that apply)
No return to school until (date)	•
Return to school with following supports:	
Shortened day: half days by alternating	AM and PM attendance.
Allow extra time to complete coursewor	rk/assignments and tests.
Lessen homework load.	
No homework or major projects.	
No significant classroom testing/quizzes	or standardized testing at this time.
Untimed tests and quizzes allowed.	
No band, orchesta, chorus or music class practice/performance.	ses to include extracurricular school activities, i.e. marching band, school musical
Computer work and screen time as toler	rated with scheduled breaks
No computer/screen time allowed	
No physical education class/sports until	further notice
May do low levels of non-contact physiweight, higher reps, no bench, no squat). S	ical activity. This includes walking, light jogging, light stationary biking, and light weightlifting (lower student should stop if symptoms worsen.
<u>Gradual</u> return to sports practices undo nurse).	er the supervision of an appropriate health care provider (e.g., athletic trainer or certified school
May resume full academic activity, which is to be	made up gradually over 10 school days.
Follow up Appointment date:	
Health Care Provider Signature:	Name of Practice Group:
Health Care Provider (Please Print):	License#:
Phone #*	Fav#·

THIS NOTE WILL BE IN EFFECT UNTIL STUDENT RECEIVES MEDICAL PROVIDER CLEARANCE and UPDATED FORM