

Baylor Scott & White Family Medicine Keller Concussion Program

Patient Name: _____ **Date of Evaluation:** _____

Please excuse the patient named above from school today due to a medical appointment.

The student named above has suffered a concussion and is currently under the care of this clinic.

He/She is not permitted to participate in any contact sport activity until formally cleared by this clinic.

Physical Education Class Recommendations:

_____ No physical education class (please also consider having the student sit in a spot where he/she is not at risk for being hit by others/sporting balls/etc. You may wish to send student to library/study hall/nurse's office to rest during physical education class.)

_____ **Restricted physical education class activity as specified below:**

_____ Light not-contact, non-risk exertion only (e.g., walking, light stationary bike)

_____ Up to moderate non-contact, non-risk exertion only (e.g., light jog)

_____ Up to heavy non-contact, non-risk exertion only (e.g., sprints, running)

_____ No group sport, no contact (e.g., no basketball, hockey, dodgeball, etc.)

******If some level of exertion is permitted, activities may be modified to be non-contact.***

For example, if the class is playing basketball, the concussed athlete may not participate in games or scrimmage, but may practice individual shooting or dribbling, which would not pose a risk for contact.

Signature: _____ **Date:** _____

Jason Wander DO, Primary- Care Physician, Certified Impact Consultant

Baylor Scott & White Family Medicine Keller

Clinic Number: 817-912-8150

