



*SPORTS CONCUSSION  
MEDICAL CLEARANCE  
CERTIFICATE*



*Providing coaches, referees, players, and administrators with the knowledge, skills, and leadership abilities to ensure that safety and best practice principles are incorporated into all aspects of contact rugby.*

*Sports Concussion Medical Clearance Certificate*

Date: \_\_\_\_\_

Name of player: \_\_\_\_\_

Date of injury: \_\_\_\_\_

May not partake in sport until further assessment

Reason(s): \_\_\_\_\_

May resume non-contact training as per "return-to-sport" schedule

May resume full training and sports participation as from (date) \_\_\_\_\_

having fulfilled the following criteria:

1. Has been asymptomatic for 1 week (see "symptom check" on reverse side)
2. Has a normal neurological examination (see "neuro exam" on reverse side)
3. Has neuropsychological test parameters that match baseline or age-appropriate norms   
(where accessible, these are useful computerised tests that compare essential aspects of brain function to pre-injury scores)
4. Has completed the return-to-sport programme without the onset of symptoms (see return-to-sport protocol)

Where no neuropsychological testing is available it is recommended that players not partake in contact or collision sport for at least 3 weeks and be symptom free.

Doctor's signature: \_\_\_\_\_

Player / Guardian's signature: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Player / Guardian's name: \_\_\_\_\_



### 1. Symptom Check

In addition, these symptoms are not brought on by:

Physical activity

Cognitive activity

### 2. Physical & Neurological Examination

BP: _____	Pulse: _____		
Associated injuries (especially facial): _____			
Neck: _____			
Stability tests:			
Static balance: 2 feet, eyes closed ____ (secs) Tandem stance, eyes closed ____ (secs)			
1 leg, eyes closed ____ (secs)			
Visual fields: L _____	R _____		
Neurological examination:	Normal		Detail
	Yes	No	
Level of Consciousness:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pupils:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cranial nerves:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Motor:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sensory:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cerebellar:	<input type="checkbox"/>	<input type="checkbox"/>	_____

### 3. Neuropsychological tests used:

\_\_\_\_\_  
\_\_\_\_\_

### 4. Return-to-sport as per schedule – asymptomatic through all stages

