

## Appendix 2



### Concussion Follow-up and Communication Form (Must be completed in every case when a possible case of concussion is identified)



Name \_\_\_\_\_ Date \_\_\_\_\_ Context/Symptoms \_\_\_\_\_

**NOTE: IT IS IMPORTANT THAT PLAYERS AND PARENTS/GUARDIANS CONSULT WITH THE TREATING PHYSICIAN ON RETURN TO LEARN PROTOCOLS**

A responsible adult such as a parent or guardian has been informed and has taken responsibility for the concussed athlete. Details of the protocol (Hockey Canada Concussion Card attached appendix 1) have also been explained.

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

The player has had an initial visit with a physician (preferably one with knowledge in concussion management)

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

A complete return to light activities of daily living without aggravating symptoms or making symptoms worse and gradual return to physical activity (see Hockey Canada Concussion Card Steps 1-4 attached) up to intense and sport specific exercises (without contact) has been achieved without recurrence of symptoms.

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

The **medical clearance note** has been completed and return to unrestricted training has been authorized. (prior to proceeding to step 5 of the Hockey Canada Concussion Card)

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

Participation in a complete unrestricted training session has been achieved without recurrence of symptoms (this step must be completed at least one day prior to return to competition).  
(Hockey Canada Concussion Card - Step 5)

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

Return to competition is authorized based on successful completion of all of the above mentioned steps of the protocol. (Hockey Canada Concussion Card - Step 6)

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

Team staff are aware and have advised the Parent/Guardian to continue monitoring for recurring symptoms and have confirmed the information on this form about the recovery process and medical clearance.

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

Parent/Guardian Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Date \_\_\_\_\_

Notes:

**IMPORTANT NOTICE:** This form contains confidential information that is meant to document achievement of all the required steps of the recovery process following a concussion and prior to return to play. De-nominalized information can be extracted from the form by the organization for the purpose of reporting information about concussions. However it cannot be communicated to any third party in a format that contains information about the identity of the injured athlete.