

Post-Injury General Information and Exertion Form



Patient Name: _____

Date of Visit: _____

School: _____

Date of Birth: _____

The patient above has been have been diagnosed with a concussion and is not considered safe to return to collision sport activity until cleared at an appropriate time by a physician or nurse practitioner. The following text outlines current activity restrictions:

- ☐ No physical exertion until scheduled reassessment on _____.
- ☐ Physical exertion is permitted with the following restrictions as of _____:
 - ___ Light non-contact exertion.
 - ___ Moderate non-contact exertion.
 - ___ Heavy non-contact exertion.
- ☐ Physical exertion is permitted when symptom free for _____ days with the following restrictions as of _____:
 - ___ Light non-contact exertion.
 - ___ Moderate non-contact exertion.
 - ___ Heavy non-contact exertion.
- ☐ Begin Youth Sports Concussion Program Return to Play Protocol.

Signature: _____

ACTIVITY LEVELS

Light non-contact exertion: Walking, stationary cycling, light jogging, light resistance training

Moderate non-contact exertion: Moderate jogging, stationary cycling, elliptical, moderate resistance training

Heavy non-contact exertion: Sprinting, heavy resistance training, non-contact sport drills, plyometrics

****If development of worsening of symptoms occurs with recommended activity levels/ restrictions then please discontinue activity for 24 hours and resume at a lighter level.***

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APPENDIX H