San Diego Unified
SCHOOL DISTRICT

Post-Concussion: Return to Play Progress Questionnaire

To be completed by non-medical personnel (e.g., coaches, PE teachers, health technicians, special-ed health technicians) to document a student's daily progress towards "Return to Play"

Student's Name: _____ Date: _____

School staff member completing form: _____ (name);
_____(job title)

Today this student participated in the following level of activity (as defined on district "Return to Play" form): *check one*

☐ Step 1 (Limited Physical Activity);
☐ Step 2(Light aerobic activity);
☐ Step 3 (Moderate aerobic and/or light resistance training);
☐ Step 4 (Heavy, non-contact activity and/or moderate resistance training)
☐ Step 5 (Practice and full contact)
☐ Step 6 (Returned to competition)

After this activity, I inquired, and the student reported the following (check all that apply):

☐ Confusion or foggy feeling ☐ Nausea or vomiting ☐ Dizziness or seeing stars ☐ Ringing in ears

☐ Developed a headache ☐ Slurred speech ☐ Delayed response to questions ☐ Light sensitive

☐ Noise sensitive ☐ More fatigue than expected ☐ Irritability or personality change

☐ No symptoms at all

Were any of the above (checked) symptoms new? Or if not new, did the physical activity make it worse? ☐ Yes ☐ No

In responding to this, the student appeared to be truthful to me:

☐ Yes ☐ No or ☐ Unsure [Comment: _____]

_____ _____
Signature of staff member Date

Completed forms are to be shared with school nurse (and athletic trainer, if an athlete). File form in the school site health office;

The school nurse may share this information with physician who is co-managing the student's post-concussion, "Return to Play" plan.