

# GEORGE MASON COMPETITIVESPORTS RETURN TO PLAY CLEARANCE FORM

For questions concerning this form please contact the Assistant Director of Club Sports at (703)993-5819 or Assistant Director of Competitive Sports at (703)993-3291.



\_\_\_\_\_ (name) suffered a suspected head injury on \_\_\_\_\_ (date). As a George Mason University Club/Intramural Sport participant in \_\_\_\_\_ (sport), the following form must be submitted by the participant to the Sport Club Office in order to begin the return to play progression or return to play.

**Notes to Participant:** You must complete a post-injury assessment within 24-72 hours of your injury by contacting Select Physical Therapy at [APrishack@selectmedical.com](mailto:APrishack@selectmedical.com). Following your assessment, please schedule return to play progression with a Select Physical Therapy Athletic Trainer. Your Recreation membership and access to facilities/programs will be placed on hold until you have been cleared for return to play. Access to Mason Recreation facilities will be limited to return to play progression under the direct supervision of a Select Physical Therapy Athletic Trainer or academic classes. Following successful completion of the return to play progression, you must seek final clearance from a certified health care provider and provide the required clearance for to the Assistant Director of Club Sports. Please visit [clubsports.gmu.edu/concussion-information](http://clubsports.gmu.edu/concussion-information) for updated policies and procedures.

**Return immediately to the emergency department if you experience any of the following symptoms:**  
(From CDC *What to expect after a concussion*)

- Repeated vomiting
- Headache that gets worse and does not go away
- Loss of consciousness or unable to stay awake during times you would normally be awake
- Getting more confused, restless, or agitated
- Convulsions or seizures
- Difficulty walking or difficulty with balance
- Weakness or numbness
- Difficulty with your vision

### Important things to tell your physician:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out / knocked out) and if so, for how long
- Any memory loss or seizures immediately following the injury
- Number of previous concussions (if any)
- Duration of symptoms

**Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days.**

### Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

I hereby authorized the above named participant for return to play progression

I hereby authorized the above named participant for return to play

Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

**Qualified Physician:** a physician, trained in the diagnosis, evaluation, and management of concussions. CDC Clinician's Resource available at <http://www.cdc.gov/concussion/HeadsUp/clinicians/index.html> and [http://www.cdc.gov/concussion/HeadsUp/physicians\\_tool\\_kit.html](http://www.cdc.gov/concussion/HeadsUp/physicians_tool_kit.html).

<b>Sport Club Office Use Only:</b>
Received by: _____ Date: _____
Participant and Club President Notified: _____ SPT Notified & Copied: _____

Please return completed forms to the Assistant Director, Club Sports. The Club Sports Office is located in Room #1112 of the RAC or the Club Sports Mailbox located in the lobby. You may also fax completed forms to (703)993-2510.