

NJISRA
HEAD INJURY MEDICAL EVALUATION FORM
(To Be Completed by Physician)

This athlete is being referred for evaluation following a possible concussion incident. There are concerns about his/her returning to sport competition at this time. Please evaluate the athlete's readiness to return to sport competition based on the description of their particular sport listed below. As part of your evaluation, please complete a SCAT or similar examination as well as a neurological examination and any other medical tests that you feel are appropriate. The athlete will be required to return this completed form and attached results to the Competition Official/Technical Delegate to be allowed to participate in competition.

Athlete Name: _____ **Date:** _____



Neurological Examination **Normal** ____ **Abnormal** ____

SCAT or Similar Examination **Normal** ____ **Abnormal** ____

Additional Comments:

If additional procedures/tests done, please describe results below or on back of form:

In your medical opinion, is this athlete ready to return to sport competition based on the event participation description checked and listed below? Yes _____ **No** _____

Signature **Phone** **Date**

Name Printed **Email**

Address: _____

License / Permit Number (If applicable) _____

PLEASE CHECK EVENT BEING EVALUATED FOR COMPETITION PARTICIPATION

- Alpine Technical Skiing (SL/GS): Athlete skiing at speeds of up to 20-40 mph / 3-65 km/h on course for 40-75 seconds.
- Snowboard Alpine: Multiple turns in a 40-80 second course at speeds of 20-40 mph