

Concussion Evaluation and Return to Play Form For Licensed Healthcare Providers

Student Name: _____
Sports Team: _____
Grade: _____

Date of Evaluation: _____
Date of Injury: _____

Healthcare Provider Name: _____ Phone Number: _____

License Number and Board: _____

I have evaluated the above mentioned student athlete and in my medical opinion the student athlete:
Please complete all of the boxes for either A, B or C (only one box)

A. Is **not cleared** to participate in any sports-related activities including gym or weight lifting until seen for follow up evaluation.

Signature or initials of LHCP *Date*

B. May start Return to Play Steps 1, 2A, 2B and 3 on _____ (*date*)
I certify that the student athlete understands that they may be symptomatic with regular activities during these steps and that, while they are participating in Steps 1, 2A, 2B, 3, they will be monitored by a qualified health care professional. They know that they are not to move on to the next step if having new or worsening symptoms on the current step and they agree to honestly report any symptoms they have while in these steps to the person overseeing them _____ *signature or initials of LHCP*.

(*name*) will be the Licensed Health Care Provider overseeing Steps 1-3

C. I have re-evaluated the student athlete above and:
 The student athlete has completed Steps 1, 2A, 2B and 3, is now asymptomatic from their concussion and cognitively back to their baseline with their schoolwork and may start Steps 4, 5 and 6 on _____ (*date*).

Signature or initials of LHCP *Date*

Additional Information (optional)

Parent's or Guardian's Permission and Release

I hereby give my consent for my son/daughter to return to participation following his/her concussion or other injury as per the instructions detailed above.

Parent's or Guardian's Signature

Date

Parent's or Guardian's

Home/Cell Phone

Parent's or Guardian's Work Phone

Appropriate licensed Healthcare provider can be found under Iowa Concussion Law 280.13C

Chapter 54 Ruling

IAC

Ch 54, p.1

641—54.2(280) Return-to-play protocol. The return-to-play protocol will be developed by the Iowa high school athletic association and Iowa girls high school athletic union and be disseminated to Iowa public schools and accredited nonpublic schools. The protocol will be based on current evidence-based practice and will include the following process:

54.2(1) Return-to-play process.

a. No student will return to contest or practice the same day as a suspected concussion or other brain injury.

b. A student suspected of having a concussion will be evaluated by a licensed health care provider trained in the evaluation and management of concussion and other brain injuries as soon as feasible.

c. A student who has been removed from participation will receive written medical clearance prior to starting the return-to-play protocol.

d. The return-to-play steps shall be conducted under the guidance of a licensed health care provider following current best practice and as set forth by the Iowa high school athletic association and Iowa girls high school athletic union, with provision for delayed return-to-play steps as necessary.

e. Return-to-play may begin when the student is still symptomatic, after a brief period of rest.

f. No contact- or collision-related activities will be performed as part of the return-to-play steps until the student has written medical clearance from a licensed health care provider and has returned to pre-injury academic function.

54.2(2) Reserved.

[ARC 9618C, IAB 10/15/25, effective 12/1/25]



Return to Play Protocol

As set forth by 641—54.2(280), the Iowa High School Athletic Association and Iowa Girls High Schools Athletic Union are responsible for developing and disseminating the return to play protocol following a sport related concussion. Following an initial period of relative rest (approximately 24-48 hours after injury), students should follow a gradual, stepwise and symptom based return to play protocol under the guidance and supervision of a licensed healthcare provider. Each step of the return to play protocol should be separated by a minimum of 24 hours and completion of the protocol must be a minimum of 7 days. Each student’s recovery timeline will be individualized with some requiring a delayed protocol. Students should continue to follow a return to learn progression to reintegrate back to academics. Final return to play clearance will occur once a student is fully back to the classroom and has completed the return to play protocol.

Step	Activity	Goal
Step 1 (approx. 24-48 hours after injury) Symptom limited activity	Daily activities that do not exacerbate symptoms (e.g walking, more controlled environment)	Gradual re-introduction to school and work
Step 2: Aerobic Exercise <ul style="list-style-type: none"> • 2a Light Exercise (up to 55% maxHR) • 2b moderate exercise (up to 70% maxHR) 	Stationary cycle or walking at slow-medium pace at 55% to 70% of Maximum heart rate. Light resistance training if more than mild/brief increase in symptom severity *	Increase heart rate
Step 3 Individual sport specific exercise	Sport specific training away from team environment (running, individual skill drills). No activities at risk of head impact	Add movement, change direction
Steps 1-3 may be completed while symptomatic, steps 4-6 can be done only if no concussion related symptoms are present and the student has returned to pre-injury cognitive activities and school without accommodations		
Step 4 Non-contact training drills	Exercise to high intensity including more challenging drills (passing, multiplayer training). This can be integrated into a team environment	Usual intensity of exercise, coordination and thinking
Step 5 Unrestricted contact practice	Participate in normal training activities (e.g contact practice)	Restore confidence and assess functional skills
Step 6 Return to sport	Normal game play	

*No more than 0-2 point increase in symptoms on a 10 point scale for less than an hour

Steps 1-3 may be started while the student is still symptomatic and being monitored by a licensed healthcare provider. Steps 4-6 must be done with the student fully returned to academics and demonstrating no symptoms. Ensure that students are reintegrating into the classroom through a return to learn plan. Using a stepwise approach to returning back to academics is essential to recovery.