



**SOUTHERN REGIONAL HIGH
SCHOOL DISTRICT OF OCEAN COUNTY**

110.

**Southern Regional High School Athletic Department
Chuck Donohue Jr.
Supervisor of Athletics**

TO: Craig E. Henry
FROM: Chuck Donohue, Jr.
DATE: September 7, 2022
RE: Head Injury Evaluation Form

The athletic department is requesting board approval to use the attached head injury form. Dr. Schmoll has approved district athletic trainers and school nurses to use this form in evaluation of head injuries. The examining doctor will have three options which will allow the athletic trainers and school nurses to know the return to play protocol to follow.

APPROVED
09.14.22 (C)

"Committed to Excellence"

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**Southern Regional School District
Athletic Training**

Nicholas Scaramazza, MA, LAT, CSCS, ITAT

Telephone # (609) 597-9481 ex 4205

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Head Injury Evaluation Form

Athlete's Name: _____

Physician: Must check appropriate box

_____ The medical examination determined the injury was not a concussion or other head injury, the student is asymptomatic at rest, and the student may return to interscholastic athletic or cheerleading activity.

_____ The medical examination determined the injury was a concussion or other head injury, the student is asymptomatic at rest and has a normal neurologic examination, and may begin the graduated return to play protocol stated in the school concussion policy.

_____ The student athlete is still symptomatic or has an abnormal neurological examination and requires follow up examination prior to being cleared to begin the return to play protocol stated in the school concussion policy.

Any additional comments:

Physician's name: (Please use stamp)

Address and phone #

Physician's signature: _____ Date: _____

The purpose of this form is to comply with the policies of the Southern Regional Board of Education and the NJSIAA regarding concussion management.

***PLEASE NOTE:** According to NJ state law signed by Governor Christie in December 2010 (P.L. 2010, Chapter 94) (N.J.S.A. 18A:40-41.3) and the NJ Department of Education Guidelines, physicians evaluating concussed athletes must be "trained in the evaluation and management of concussions." By signing this form, the physician is indicating he or she has received such training. A physician (MD, DO) is the only healthcare professional that may sign this form. Notes signed by a physician assistant or nurse practitioner need a physician's co-signature.