



Ohio High School Athletic Association
 -4080 Roselea Place
 Columbus, Ohio 43214
 Telephone: 614-267-2502; Facsimile – 614-267-1677
www.ohsaa.org

OHSAA CONCUSSION REPORT

NFHS rules and OHSAA policy require a student who exhibits signs, symptoms or behaviors associated with concussion to be removed from a contest and not permitted to reenter competition without written medical authorization from a physician (M.D. or D.O.) or an Athletic Trainer. This form shall serve to document that a student has been removed from a contest in accordance with NFHS and OHSAA rules due to exhibiting signs, symptoms and/or behaviors consistent with a concussion. The contest official must complete this form and forward it to the OHSAA within 48 hours after the conclusion of the contest. It is recommended that the official keep a copy of this report. In addition, if required by NFHS rule, an appropriate entry shall be made in the scorebook or other document as prescribed.

Student's Name _____ **Date** _____

School Name _____

Sport _____

Level of Contest (Circle One) 7th 8th 9th JV Varsity

Official's Name _____ **OHSAA Permit #** _____

Comments:

Please forward to Brandy Young at the OHSAA within 48 hours.



MEDICAL AUTHORIZATION TO RETURN TO PLAY WHEN A STUDENT HAS NOT RECEIVED A CONCUSSION

NFHS rules and OHSAA policy require a student who exhibits signs, symptoms or behaviors associated with concussion to be removed from a contest and not permitted to reenter competition without written medical authorization from a physician (M.D. or D.O.) or an Athletic Trainer. This form shall serve as the authorization that the medical professional has examined the student on site, has determined that the student is NOT concussed, and has cleared the student to reenter the contest on the same day. The physician or athletic trainer must complete both the top and bottom portions of this form and submit to both the head contest official (top portion) and a school administrator or the head coach (bottom portion) prior to the student's entry back into the contest. The official shall make a copy of the form, retain one and forward the copy to the OHSAA.

I, _____, M.D., D.O. or A.T. have examined the following student, _____ from _____ High School/7-8th grade school, who was removed from a _____ (sport) contest at the _____ level (V, JV, 9th, 7-8th) due to exhibition of signs/symptoms/behaviors consistent with a concussion. I have examined this student and determined that, based on current examination, **he/she has not received a concussion** and is cleared to reenter the competition today.

Signature of Medical Professional _____

Date: _____

PRESENT THIS FORM TO THE HEAD CONTEST OFFICIAL WHO WILL COPY AND RETURN TO OHSAA: ATTENTION BRANDY YOUNG

(Tear at broken line)



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PRESENT THIS FORM TO THE SCHOOL ADMINISTRATOR OR HEAD COACH

Note: The school must retain this form for seven years after the student's 18th birthday.