



CONCUSSION AND HEAD INJURY MEDICAL CLEARANCE (DAIM NTAWV UAS QHIA TXOG KEV KUAJ VIM ROO TOBHAU)

FEEM 1 (QHOV NO YUAV TSUM TAU MUAB UA KOM TIAV LOS NTAWM NIAMTXIV LOSSIS TUS SAIB XYUAS)

Form with sections: LUB XEEM, LUB NPE, HNUB YUG, TUB NTXHAI S TUS LEJ ID, 1-5 questions, NIAMTXIV/TUS SAIBXYUAS KEV TSO CAI, SAU NIAMTXIV LOSSIS TUS SAIBXYUAS NPE UA TEJ TUS TSIAJ NTAWV, CHAW NYOB, PART 2 - MEDICAL EVALUATION (COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER), General Evaluation, Neurologic Screening Exam (NSE), Concussion/Head Injury Evaluation, Comments, PHYSICIAN STAMP, PRINT NAME OF PHYSICIAN, PHYSICIAN SIGNATURE, DATE.

Original signed medical clearance to be given to the school Athletic Director or Principal, with receipted copies provided to the supervising coach, parents, and the Risk Management Department. Clearances are to be retained for a period of one (1) year after the end of the Academic Year.