

Appendix E

Medical Provider Concussion Statement

_____ I have read and understand the Department of Athletics and Department of Sports Medicine Policies and Procedures Regarding Sports-Related Concussions.

_____ I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion Fact Sheet and reviewing the Department of Athletics and Department of Sports Medicine Policies and Procedures Regarding Sports-Related Concussions, I acknowledge the following (please initial beside each item):

- A. _____ A Concussion is a brain injury which Student-Athletes should report to Department of Sports Medicine staff.
- B. _____ A Concussion can affect a Student-Athlete’s ability to perform everyday activities. It can also affect reaction time, balance, sleep, and classroom performance, among other things. A Concussion cannot be seen, but some of the symptoms may be noticed immediately. Other symptoms may occur hours or days after the injury.
- C. _____ I will not knowingly allow a Student-Athlete to return to participation in a competition or practice if he or she has received a blow to the head or body that results in Concussion-related symptoms.
- D. _____ A Student-Athlete shall not return to participation in a competition or practice on the same day that he or she is suspected of sustaining a Concussion (unless an appropriate Department of Sports Medicine staff member determines that such Student-Athlete did not, in fact, sustain a Concussion).
- E. _____ If I suspect a Student-Athlete has a Concussion, it is my responsibility to facilitate compliance with the provisions of the Department of Athletics and Department of Sports Medicine Policies and Procedures Regarding Sports-Related Concussions and instruct such Student-Athlete to work with the Department of Sports Medicine staff and other personnel as appropriate.
- F. _____ I will encourage Student-Athletes to report any suspected injuries and illnesses (including signs and symptoms of Concussions) to Department of Sports Medicine staff.
- G. _____ Although certified helmets of a certain standard may help to prevent catastrophic injuries, I understand such helmets are not guaranteed to prevent cerebral Concussions. Further, I understand that Student-Athletes should wear helmets at all times during participation in contact activities in appropriate sports.
- H. _____ I understand that the brain needs time to heal following a Concussion. I also understand that a Student-Athlete who has sustained a Concussion is much more likely to have a repeat Concussion if he or she returns to participation in sport-related activities while still experiencing Concussion-related symptoms. In rare cases, repeat Concussions can cause permanent brain damage and even death.
- I. _____ I am aware that every first-year or transfer Student-Athlete on specified UNC teams must receive baseline testing prior to participation in their respective sport. These tests allow for comparisons of symptoms, neurocognition, and balance in the event a Student-Athlete is injured.
- J. _____ I am aware that a Student-Athlete diagnosed with a Concussion will be assessed at the Gfeller Center once he or she is asymptomatic. Any such Student-Athlete may begin a graduated return to participation in sport-related activities after the Student-Athlete’s full recovery of neurocognition and balance and after the Student-Athlete is cleared to resume participation in such activities by the Team Physician for his or her varsity sport program.

Signature of Medical Provider

Date

Printed Name of Medical Provider