



Elk Grove Unified School District

2024-2025

Risk Management Department



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)

LUB XEEM	LUB NPE	
HNUB YUG	TUB NTXHAIS TUS LEJ ID	
<p>1. Hnub uas kuaj ib cev zaum tas los no: _____ Tus Kws Khomob Uas Kuaj: _____</p> <p>2. Tus tub ntxhais puas tau mus ntsib kws khomob kuaj Yam muaj xwmtxheej ceev lossis yuav tsum tau kuaj sai nyob rau 12 lub hli dhau los no? Tsi tau mus _____ Mus _____</p> <p>3. Tus tub ntxhais puas tau mob tobhau, tohau ruj ruj, mob cajdab , xeev siab lossis ntuav, qaug ncig leeg, qhovmuag plooj, sawv tsi tau ncaj, y o g p o m k e v c i d h a u l o s s i s n r o v d h a u s a i b t h i a b m l o o g t s i t a u , zoo li “qeeb qeeb,” “pom li tsaus tsaus huab,” lossis “saib zoo li tsi yog,” nco tsi tshuam zoo, tsi meej pem, kis tobhau, m e e m m e e m t x o m l o s s i s q u a j , txhawj lossis ntshai, lossis pw tsi taus). _____ Tsi muaj _____ Muaj</p> <p>4. Tus tub ntxhais puas muaj lwm Yam mob, lossis raug mob dabtsi uas tejzaum yuav ua rau nws tsi muaj kev cobphum rau kev koom ua kislav? _____ Tsi muaj _____ Muaj</p> <p>5. Koj puas paub yog vim licas thiaj yuav tsi cobphum rau tus tub ntxhais rov mus koom rau kev xyam ua kislas lossis kev ua kislas / lossis vim licas thiaj yuav tsum tsi txhob pub tus tub ntxhais rovqab mus ua kislas? _____ Tsi Paub _____ Paub</p> <p><i>Qhia kom tas txhua Yam rau cov lus teb tias “Yog lossis muaj”, thiab qhia txog lwm Yam uas muaj tseeb uas yuav tsum tau qhia uantej yuav kuaj</i></p>		
NIAMTXIV/TUS SAIBXYUAS KEV TSO CAI: <u>Kuv tso cai rau tus kws khomob kom kuaj seb raug mob licas rau lub tobhau [thiab seb raug mob nyhav npaum licas]</u> uas puas yuav rovqab mus ua tau kislas. Kuv yuav tsum tau muab daim ntawv hais tias twb kuaj tas tsim muaj dabtsi lawm (medical clearance) rov mus rau lub District uantej tus tub ntxhais yuav koom tau rau kev xyam kislas lossis koom tau rau kev ua kislas. Cov kev qhia saum toj no yeej muaj tseeb thiab yeej qhia raws li qhov uas kuv paub.		
SAU NIAMTXIV LOSSIS TUS SAIBXYUAS NPE UA TEJ TUS TSIAJ NTAWV	NIAMTXIV LOSSIS TUS SAIBXYUAS XEE NPE	
CHAW NYOB	XOVTOOJ TOM CHAW UA HAUJWL	XOVTOOJ TOM TSEV

PART 2 – MEDICAL EVALUATION (COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER)

By law, post-concussion/head injury releases must be conducted by a MD/DO, who must represent on the release that they (1) have completed the required concussion training and (2) regularly practice in this medical specialty. *Ed. Code Section 49475.*

By signing this Form, the MD/DO represents that they comply with this law.		
General Evaluation: Eyes/Ears/Nose/Throat/Skin/ Heart, Lungs, Pulmonary Function/	Normal	Abnormal (Describe)
Abdomen/ Musculoskeletal Neurologic Screening Exam (NSE)		
Concussion/Head Injury Evaluation		
One of the above MUST be checked.		
Comments:		PHYSICIAN STAMP
PRINT NAME OF PHYSICIAN	PHYSICIAN SIGNATURE	DATE

CONCUSSION AND HEAD INJURY [AND SERIOUS INJURY] MEDICAL CLEARANCE [(Ed. 12/1/11) Rev:12/08/11; 1/11/12]

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.