



**CHRISTIAN ACADEMY OF LOUISVILLE
SPORTS MEDICINE**

Dear Physician,

_____ is an athlete at Christian Academy of Louisville.

They sustained a head injury on _____ due to _____.

Based on the symptoms observed immediately after the injury, which are listed on the back of this paper, I believe the athlete has suffered a concussion.

Per Christian Academy's concussion management protocol, KHSAA rules, and Kentucky state law, they are being referred to you for further evaluation. They will not be allowed to return to athletic activity of any kind, (practice, games, etc.) until you clear them to do so. Please fill out the form on the following page for the athlete to return to me.

If you would like to send this athlete for further evaluation, please refer them on to Dr. Tad Seifert at Norton Neurology Services. Dr. Seifert has completed a fellowship in Headaches and Concussions and has agreed to see all athletes that have suffered a concussion. Dr. Seifert's office is located at Norton Suburban Medical Plaza II, Suite 301 and his office number is 502-899-6782.

If you have any questions please feel free to contact me via email or phone.

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**CHRISTIAN ACADEMY OF LOUISVILLE SPORTS MEDICINE
CONCUSSION DISPOSITION FORM**

ATHLETE NAME: _____ **DATE:** _____

_____ I do **NOT** believe that this athlete has suffered a concussion and they may return to play immediately.

_____ Athlete may return to play after completing the Christian Academy of Louisville return to activity protocol found on the reverse of this page.

_____ Athlete should remain out of all activity until re-evaluation on ___/___/___.

_____ I am referring this athlete on to Dr. Tad Seifert for further evaluation.

Comments: _____

Physician Signature

Date

Physician Stamp/Printed Name

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