



## Concussion and/or Injury Academic Accommodations/Restrictions

☐ Initial Exam

☐ Subsequent Exam

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Injury Date: \_\_\_\_\_ Next appt dates related to this injury: \_\_\_\_\_ Sport: \_\_\_\_\_

(Circle one) In-Season Off-Season

### \*\*Provider to initial recommended accommodations\*\*

\_\_\_\_\_ Student is unable to participate in any academic studies at this time and will be monitored closely to determine when student can resume some or all academics. Start date: \_\_\_\_\_ End date: \_\_\_\_\_

\_\_\_\_\_ Student is unable to participate in any PE, fitness classes or sports at this time, but may still attend if tolerated.

\_\_\_\_\_ Student requires the following academic accommodations:

- ☐ Homework limited to \_\_\_\_ minutes per day (total for all courses combined)
- ☐ Limit computer/ screen/ smart board time. Provide all presentations/assignments/notes in paper format in advance
- ☐ Allow student to wear sunglasses to classroom or sit in darker area of classroom.
- ☐ Allow preferential seating in class to avoid distractions.
- ☐ Additional physical accommodations: \_\_\_\_\_
- ☐ Recording of lectures
- ☐ Assistance of a tutor or navigator to assist with organizing and prioritizing assignments.

\_\_\_\_\_ Student requires testing or assignment accommodations (must indicate type below):

- ☐ Extension of assignment deadlines – includes all graded assignments
- ☐ Postponement of tests
- ☐ Staggering of tests every 2-3 days with extended test time in a quiet room
- ☐ Reader or other modification \_\_\_\_\_

\_\_\_\_\_ Student requires parking accommodations - student is unable to drive and move his/her car.

- ☐ Student is unable to drive and move his/her car
- ☐ Temporary parking lot change due to medical condition; Start date \_\_\_\_\_ End date \_\_\_\_\_

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### CLEARANCE FROM ACCOMMODATIONS

\_\_\_\_\_ Student is cleared and may resume full academic load without restrictions.

- Student must schedule and complete all pending assignments and tests within 2 weeks. \_\_\_\_\_  
(student initials)

I understand it is my responsibility to provide these accommodations and subsequent accommodations to my instructors within two business days of provider's signature. Accommodations will not be honored if I do not comply with medical recommendations and the above requirements. Alvernia University cannot be held liable for any reason if I fail to comply with medical recommendations and/or accommodations. \_\_\_\_\_

(student initials)

I authorize my healthcare provider to release and discuss this information with St. Luke's Health Network Sports Medicine, Penn Medicine-Alvernia Medical and Counseling Center, and the Office of Accessibility Services, if applicable.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

Printed Provider Name and Address or Office Stamp