

Documentation of Medical Examination

This form is to be provided to all students suspected of having a concussion. For more information see "Tool to Identify a Suspected Concussion" and "Return to Learn/Return to Play" forms.

_____ (student name) sustained a suspected concussion on _____ (date), at _____ (location). As a result, this student must be seen by a medical doctor or nurse practitioner. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical examination by completing the following:

| | |
|----------------|----------------------|
| Name of Doctor | Where they were seen |
|----------------|----------------------|

Results of Medical Examination

- My child/ward has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.

- My child/ward has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan. Parent/guardian will be contacted by the school staff to discuss the Return to Learn and Return to Play protocol.

- I have been informed of the school's concern and decline to have my student assessed by a medical professional.

Parent Signature: _____

Date: _____