Appendix C-3
Sample Documentation of Medical Examination

This form to be provided to all students suspected of having a concussion. For more information see “Appendix C-1 - Concussion Protocol: Prevention, Identification and Management Procedures”

_________________________ (student name) sustained a suspected concussion on ___________________ (date). 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:

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 signature: ______________________________

Date: _____________________

Comments:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________