



Appendix D - DOCUMENTATION OF MEDICAL EXAMINATION

This form to be provided to all students suspected of having a concussion.

Name of Student:	
Date:	

The above-named student sustained a suspected concussion. 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

The student has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.

The student has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Play Plan.

Doctor or Nurse Practitioner

