

# 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:

---

---

---