C3- Documentation of Medical Examination

This form to be provided to all students suspected of having a concussion. For more information see “Concussion Management Procedures: Return to Learn and Return to Physical Activity”.

_________________________ (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/Guardian signature: ________________________________ Date: _________________
Comments:
_________________________________________________________________________________

____________________________     □ Copied to teachers
School Principal Signature            □ Copied to OSR