

## Appendix C-3

### Sample Documentation of Medical Examination

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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:

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