

## Sample Medical Assessment and Monitoring Form

This sample tool is intended to be completed by the Parents/Guardians after a concussion-related incident to communicate with the Principal/Designate about the results of the medical assessment by a Medical Doctor or Nurse Practitioner and/or the monitoring process by the Parents/Guardians.

Student Name:				
Date of concussion-rela	ated incident:			
Part 1 - Results of medical assessment (by a medical doctor and/or nurse practitioner)				
	ner)			
O No concussion diag	ner)			
O No concussion diag	gnosed  ume full participation in learning and physical activity with no restrictions.			

Note: Attach relevant information provided by a medical doctor or nurse practitioner (e.g., notes from medical examination) regarding the student's Return to School plan.

Physical Activity plan.

Medical doctor/nurse practitioner (providing examination):				
Name:				
Date:				
Parent/Guardian				
Signature:				
Date:				
Part 2 - Results of 48-hour monitoring period (at home and at school)				
During this time the student can:				
continue to attend school and participate in learning activities				
resume participation in physical activity after 24 hours				
O No red flags and/or visible clues (signs) or symptoms observed and/or reported				
Student may continue full participation in learning and physical activity with no restrictions.				
O Red flags, visible clues (signs) and/or symptoms emerged				

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• seek a medical assessment by a medical doctor or nurse practitioner as soon as possible. complete

Part 1: Results of Medical Assessment and return the form to the school.

Parent/Guardian				
Signature				
Date				
Comments				

Note: If you wish to provide further information or have a question, contact the school Principal/Designate.