

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-related incident:

Part 1 - Results of medical assessment (by a medical doctor and/or nurse practitioner)

☐ No concussion diagnosed

- Student may resume full participation in learning and physical activity with no restrictions.

☐ Concussion diagnosed

- Student will begin a medically supervised, individualized, and gradual **Return to Learn** and/or **Return to Physical Activity** plan.

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.

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

☐ 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.

☐ Red flags, visible clues (signs) and/or symptoms emerged

- 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.