

# Sample Medical Concussion Clearance Form

This sample tool is intended to be signed by a medical doctor or nurse practitioner to indicate a student is medically cleared to progress from **Return to Physical Activity - Stage 3** to **Return to Physical Activity - Stage 4**.

Student Name:

Date:

I have examined this student and confirm that they are medically cleared to participate in the following activities:

- Full participation in learning activities (Return to Learn – Stage 4)
- Participation in physical activities that include skill progression/training drills and activities with low-risk of body contact (Return to Physical Activity – Stage 4)

## Medical Doctor or Nurse Practitioner

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Name:

Signature:

Date:

Comments: