

Sample Fainting Episode Form

The Fainting Episode Form must be completed by the student's parent/guardian and returned to the school administrator/designate. Name of Student: Name of Teacher: As a result of a fainting episode, my child was seen by a medical doctor. Results of Medical Examination My child/ward has been examined by a doctor who determined that a cardiac assessment was not necessary or required. My child/ward has been examined by a doctor. A cardiac assessment was completed, and no rhythm disorders were diagnosed. My child/ward may resume full participation in physical activity with no restrictions. My child/ward has been examined by a doctor. A cardiac assessment was completed, and a rhythm disorder was diagnosed. My child/ward therefore must begin a medically supervised return to physical

activity plan. Refer to comments below and/or attached physician's information.

Parent/Guardian signature:
Date:
Comments:
Physician's input attached:
O Yes
O No