

DOCUMENTATION OF MEDICAL EXAMINATION FOR SUSPECTED CONCUSSION

(student's name) sustained a blow to the head or body on

(date). As a result, we recommend that your child be seen by a medical doctor or nurse practitioner.

Results of Medical Examination

(student's name) has been examined by me and **no concussion has been diagnosed**. Therefore he/she may resume full participation in learning and physical activity with no restrictions.

(student's name) has been examined by me and **a concussion has been diagnosed**. Therefore he/she must begin an individualized and gradual Return to Learn/Return to Play.



Physician's Stamp

Physician/Nurse Practitioner Signature: _____

Date: _____

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