



**Appendix D - DOCUMENTATION OF MEDICAL EXAMINATION**

**This form to be provided to all students suspected of having a concussion.**

<b>Name of Student:</b>	
<b>Date:</b>	

The above-named student sustained a suspected concussion. As a result, this student must be seen by a medical doctor or nurse practitioner. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical examination by completing the following:

**RESULTS OF MEDICAL EXAMINATION**

- The student has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- The student has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Lear/Return to Play Plan.

<b>Doctor or Nurse Practitioner Name:</b>	
<b>Doctor or Nurse Practitioner Signature:</b>	
<b>Date of Diagnosis:</b>	
<b>Comments/Restrictions:</b>	
<b>Parent/Guardian Signature:</b>	
<b>Date:</b>	

**Place original in student OSR**