



Documentation of Medical Examination Form

This form to be provided to all students suspected of having a concussion. For more information see **Concussion Management Flow Chart or Appendix 2: Return to Learn and Return to Physical Activity.**

_____ (student name) sustained a suspected concussion on _____ (date). 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

- My child has been examined and no concussion has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- My child has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

Parent/Guardian signature: _____ Date: _____

Comments:

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