

## Concussion – Documentation of Medical Examination

**THIS FORM MUST BE PROVIDED TO ALL STUDENTS SUSPECTED OF HAVING A CONCUSSION**

\_\_\_\_\_ (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:

**No concussion** has been diagnosed.

**A concussion has been diagnosed**, and therefore, the student must begin a medically  
supervised, individualized, and gradual Return to Learn/Return to Physical Activity Plan.

Medical Doctor/ Nurse Practitioner Name: \_\_\_\_\_  
Please Print

Medical Doctor/ Nurse Practitioner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

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**Information Collection Authorization:** The personal information contained on this form has been collected in accordance with the  
Municipal Freedom of Information and Protection of Privacy Act, and Policy and Program Memorandum 158, titled School Board Policies  
on Concussion. This information is collected to confirm whether or not a student has suffered a concussion. Questions regarding the  
information contained on this form should be directed to the parent/guardian.

**USER: PRINCIPAL, TEACHERS**

**ORIGINAL: OSR COPIES: 1. PARENT/GUARDIAN/STUDENT, IF OVER THE AGE OF 18**