

### C3- Documentation of Medical Examination

---

This form to be provided to all students suspected of having a concussion. For more information see “Concussion Management Procedures: Return to Learn and Return to Physical Activity”.

\_\_\_\_\_ (student name) sustained a suspected concussion  
on \_\_\_\_\_ (date), at \_\_\_\_\_ (location). 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:

\_\_\_\_\_  
Name of Doctor

\_\_\_\_\_  
Where they were seen

#### **Results of Medical Examination**

- ☐ My child/ward 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/ward 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 will be contacted by the school staff to discuss the Return to Learn and Return to Play protocol.
- ☐ I have been informed of the school’s concern and decline to have my student assessed by a medical professional.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_  
School Principal Signature

☐ Copied to teachers

☐ Copied to OSR

