Form 142-4
Documentation of Medical Examination

This form must be given to the parent/guardian of any student suspected of having a concussion.

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

The student must be assessed by a medical doctor or nurse practitioner. Before the student returns to physical activity the parent/guardian must inform the school principal of the results of the medical assessment by completing the section below.

_____ _____

Name of doctor/nurse practitioner **Clinic/hospital (where the student was seen)**

Results of Medical Examination

- ☐ My child/ward has been examined. **No concussion** was diagnosed, and my child/ward may resume full participation in learning and physical activity with no restrictions.

- ☐ My child/ward has been examined. **A concussion was diagnosed**, and my child/ward must begin a medically supervised, individualized, gradual Return to Learn/Return to Physical Activity plan. School staff will contact the parent/guardian to discuss the Return to Learn and Return to Play protocol.

- ☐ I have been informed of the school's concern, and **I decline to have my child/ward assessed by a medical professional.**

Parent/guardian signature: _____
Date: _____
Comments:

_____

School Principal Signature

☐ **Copied to teachers**

☐ **Copied to OSR**