Sample Medical Concussion Assessment Form

The Medical Assessment Form is provided to a student that demonstrates or reports concussion signs and or symptoms. For more information consult the **Sample Tool to Identify a Suspected Concussion**.

| Student Name: | | |
|---------------|--|--|
| | | |
| | | |
| Date: | | |
| | | |
| | | |

The student must be assessed as soon as possible by a medical doctor or nurse practitioner. In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. In rural or northern regions, a nurse with pre-arranged access to a medical doctor or nurse practitioner may be used to assess the suspected concussion. Prior to returning to school, the parents/guardians must inform the school principal of the results of the medical assessment.

Results of the Medical Assessment

- My child/ward has been assessed and a concussion has not been diagnosed and therefore may resume full participation in learning and physical activity without any restrictions.
- My child/ward has been assessed and a concussion has been diagnosed and therefore must begin a medically supervised, individualized, and gradual Return to Learning (RTL) Plan and Return to Physical Activity (RTPA) Plan.

For more information, consult the <u>Sample Home Concussion Management Form (Return to School Plan)</u>.

My child/ward has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:

| Comments: |
|-----------------------------------|
| |
| |
| |
| Medical doctor/nurse practitioner |
| Name: |
| |
| Phone Number: |
| |
| Parent/Guardian |
| Signature: |
| |
| Date: |
| |