APPENDIX H

MEDICAL CONCUSSION ASSESSMENT FORM

This form is provided to a student that demonstrates or reports concussions signs and/or symptoms. If the injury or event occurred at school or during a school event, a copy of this form will be provided in addition to the Concussion Assessment Tool (**Appendix F**) used in evaluating the student.

Student Name: _____ **Date:** _____

The student must be assessed as soon as possible 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 assessment, and submit this form with signatures.

If the concussion event occurred outside of school, this form may be completed and signed by the parent/guardian, and a medical note from the doctor/nurse practitioner may be submitted in place of a signature on this form.

Results of Medical Assessment

- ☐ The above-named student has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- ☐ The above-named student has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Learn and Return to Physical Activity Plan.
    - **School must document incident in Student Information System** (Student Top Tab, Details side-tab: Add Medical Alert record)
- ☐ The above-named student has been assessed and a concussion has not been diagnosed by the assessment led to the following diagnosis and recommendations:

Comments:

Medical Doctor / Nurse Practitioner: Name: _____

Signature: _____ Date: _____

Parent/Guardian: Name: _____

Signature: _____ Date: _____