FINAL MEDICAL EXAMINATION DOCUMENTATION

This form is to be provided to all parents/guardians of students suspected of having a concussion and returned to the School Administrator(s) after *Return to Learn-Stage 4* and *Return to Physical Activity-Stage 3* (see Appendix A5), and after the final medical examination of the student.
The student must be medically cleared by a medical doctor/nurse practitioner *prior* to the return to physical activities with a risk of contact and have completely returned to school without accommodations (completed Return to Learn-Stage 4).

Student Name: _____

Date: _____

Results of Medical Examination

I have examined this student and confirm they are medically cleared to participate in the following activities:

☐ Full participation in learning activities (completed Return to Learn-Stage 4).

☐ Participation in physical activities that include skill progress/training drills and activities with low-risk of body contact (Return to Physical Activity-Stage 4).

Comments:

_____

_____

MEDICAL DOCTOR/NURSE PRACTITIONER _____

_____

Name: _____

Signature: _____ Date: _____

A student who has received Medical Clearance and has a recurrence of symptoms or new symptoms appear, must immediately remove themselves from play, inform their parent/guardian/teacher/coach, return to Stage 3 of the Return to Physical Activity plan and be reassessed by a medical doctor or nurse practitioner.

THIS FORM MUST REMAIN PERMANENTLY IN THE OSR