
STUDENT MEDICAL CLEARANCE FOLLOWING SUSPECTED CONCUSSION

_____ has demonstrated signs of a concussion and according to the
(Student Name)
Simcoe County District School Board Concussion Protocol (Administrative Procedures Memorandum A7216), must be seen by a physician/nurse practitioner prior to returning to play and to establish the need for return to learn accommodations.

RESULT OF INITIAL MEDICAL EXAMINATION

- No concussion has been diagnosed
- Concussion has been diagnosed and therefore, student must immediately begin a medically supervised, individualized and gradual Return to Play/Return to Learn protocol (below).

(Physician/Nurse Practitioner Name – please print)

Physician/Nurse Practitioner Signature

(Date)

Comments: (Return to Play/Return to Learn Accommodations)

Stage 5 Clearance

I, _____ have examined _____
(Physician/Nurse Practitioner Name (please print)) (Student Name)

and confirm that he/she continues to be symptom free and is able to transition to Stage 5, Full Contact Practice, followed by Stage 6, Normal Game Play, provided he/she remains symptom free.

(Physician/Nurse Practitioner Signature)

(Date)

Comments: (Return to Play/Return to Learn Accommodations)