

Documentation of Medical Examination

This form to be provided to all players suspected of having a concussion. For more information see the Club's Concussion Protocol

_____ sustained a suspected concussion on _____.
(Player name) (date)

As a result, this player must be seen by a medical doctor or nurse practitioner.

Prior to returning to play, the parent/guardian must inform the Team Administrator of the results of the medical examination by completing the following:

Results of Medical Examination

- My child/ward has been examined and **no concussion** has been diagnosed and therefore may resume full participation in physical activity with no restrictions.
- My child/ward has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Physical Activity Plan.

Parent/Guardian signature: _____ Date: _____

Comments:
