

Appendix C-2b: Medical Concussion Assessment Form

The Medical Assessment Form is provided to a student that demonstrates or reports concussion signs and or symptoms.

For suspected concussions obtained as during an LKDSB activities/event, parents/guardians/medical professionals should consult the Appendix C-2: Tool to Identify a Suspected Concussion that was provided by the activity supervisor upon initial observation of the incident.

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

As a result, this 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. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical examination by completing the following:

Results of Medical Examination

- 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 examined and a **concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Learning (RTL)/Return to Physical Activity (RTPA) Plan.
- My child/ward has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:

Medical Doctor/Nurse Practitioner

Name: _____

Phone Number: _____

Parent/Guardian Signature: _____

Date: _____