

---

## 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)