

FORM 320-C-2	
SECTION: EDUCATIONAL PROGRAMS & MATERIALS	
Adopted/Original Date of Issue	February 2015
<input type="checkbox"/> Last Reviewed <input checked="" type="checkbox"/> Revised	January 2025
Next Review Date	
Contact	Superintendent of Employee Services

DOCUMENTATION OF MEDICAL EXAMINATION

This form to be provided to all students suspected of having a concussion. For more information see “**Concussion Management Procedure: Return to Learn and Return to Physical Activity**”.

_____ (student’s name) sustained a suspected concussion on _____ (date). As a result, this student must be seen by a medical health professional. 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 examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and 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 Learn/Return to Physical Activity Plan.

Comments:

Form History

Approved:	2015, 2025
Reviewed:	2025
Revised:	2025