



Appendix C Concussion Medical Clearance

A medical examination for a concussion medical clearance is to be completed following successful completion of Stages 1 through 4 of the Home and School Concussion Management Plan. The Concussion Medical Clearance Form, signed by a physician or nurse practitioner, must be returned to the school prior to full participation in non-contact (Stage 5) and contact (Stage 6) athletics.

Step 1 - to be completed by parent/guardian/student 18+

Student Name: _____

Date of Concussion: _____ Date of Concussion Diagnosis: _____

Prior Concussions: YES / NO (please circle) If YES, date(s): _____

Step 2 - to be completed by Medical Office

Physician / Nurse Practitioner Name: _____ Medical License #: _____

Email / Contact #: _____

A medical examination has determined that:

This patient can return with full participation in cognitive and physical activities without restrictions.

or

This patient can return to cognitive and physical activities with the following restriction(s):

Restriction	Timeline

Signature - Physician / Nurse Practitioner
(Please circle appropriate designation)

Date

Personal information is collected under the authority of the *Education Act*, R.S.O. 1990, c. E.2 in compliance with the *Personal Health Information Protection Act*, S.O. 2004, c. 3 and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M56. Personal information is collected for purposes of providing professional services, consultation and advice in the context of the Halton District School Board's educational mandate. Questions about this collection may be directed to the School Operations Department, Superintendent of Education.