

## MEDICAL CONCUSSION ASSESSMENT FORM

The Medical Concussion Assessment Form is provided to a student that demonstrates or reports concussion signs and/or symptoms. For information on the Simcoe County District School Board's Concussion Protocol please refer to Administrative Procedures Memorandum A7216 – Student Concussion Protocol.

Stude	ent Name:	[	Date:
Canad diagno	tudent must be assessed as soon as da, only medical doctors and nurse osis. Prior to returning to school, the sults of the medical assessment.	practitioners are qualifi	ied to provide a concussion
Resul	Its of the Medical Assessment		
	The student has been assessed and The student may resume full partic restrictions.		
	The student has been assessed and a concussion has been diagnosed.  The student must begin a medically supervised, individualized, and gradual home preparation for Return to School Plan (RTSP) and home preparation for Return to Physical Activity Plan (RTPAP) (FORM A7216 - 2, Concussion Management for Return to School Plan and Return to Physical Activity Plan).		
	Return to School Plan and Return	to Physical Activity P	lan).
MEDICA	Return to School Plan and Return  AL DOCTOR/NURSE PRACTITIONER		,
MEDICA Name	AL DOCTOR/NURSE PRACTITIONER		,
	AL DOCTOR/NURSE PRACTITIONER	R PROVIDING ASSESS	MENT SIGNATURE:
	AL DOCTOR/NURSE PRACTITIONER	R PROVIDING ASSESS	MENT SIGNATURE:
Name	AL DOCTOR/NURSE PRACTITIONER	R PROVIDING ASSESS	MENT SIGNATURE:
Name	AL DOCTOR/NURSE PRACTITIONER	R PROVIDING ASSESS	MENT SIGNATURE:

This information is gathered under authority of the Education Act R.S.O. 1990, c.E.2, part VI s.190 (2), in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56. Information shall be used to arrange activities that are part of school program. Questions regarding information collected in this form may be directed to the school principal.