

RETURN TO SCHOOL AFTER CONCUSSION

Student Name	DOB		SCHO	OOL		FAX	SCHC	ool Year / Grade
Date of Concussion								
A concussion is a mild injury to a sudden blow or jolt to the h								
and symptoms of a concussion	_			-		_	_	_
before or after the injury, and b	eing "knocke	ed out.	" A person	does NOT	need to be	knocked ou	ut or lose o	consciousness
to have had a concussion. Other	r words or t	erms	for a concus	sion include	mild traum	natic brain in	ijury (mild 1	TBI) and mild
closed-head injury.								
Student may return to school or	n (Date)							
PHYSICAL ACTIVITY								
lacksquare Student is FULLY limited and	can NOT pa	articipa	ite in any ac	tivities				
☐ Student is PARTIALLY limited	and can pa	rticipa	te in the fol	lowing activ	ities only: _			
☐ YES, Student can return to RE	CESS and PE	= activ	itios					
Student has NO limitations and can return to full participation								
A CAR PRAIG A CTIVITY								
ACADEMIC ACTIVITY Student may return to full participation without limitations								
 Student may return to full participation without limitations. The following cognitive accommodations are recommended for this student: 								
☐ Gradual re-integration to						g a full sche	dule)	
☐ Student not asked to do al	l missed wor	k	·					
☐ Rest time or breaks as nee	eded during	the da	y					
Overall homework and class								
□ No use of computer or other video equipment until after								(DATE)
☐ No testing until after								(DATE)
Other:								
Student has been counseled on h		_						
Student may resume full participation Student is to be re-evaluated on							:-:	(DATE)
Student is to be re-evaluated on			(D	AIE) and m	ay NOT rest	ume full parti	icipation uni	ii cieared.
		НЕАТ	'H Care Provii	der Comment	S			
Health Care Provider's Signature Telephone Fa							Fax	
							5	
Health Care Provider's Printed Name	or Stamp						Date	