



THE PROTESTANT SEPARATE SCHOOL BOARD
OF THE TOWN OF PENETANGUISHENE
VILLAGE SQUARE MALL
2 POYNTZ STREET, BOX 107
PENETANGUISHENE, ONTARIO L9M 1M2
TELEPHONE (705) 549-6422 FAX (705) 549-2768

APPENDIX D

DOCUMENTATION OF MEDICAL EXAMINATION

This form to be provided to all students suspected of having a concussion. For more information see “Board Policy D-26 Concussion Protocol: Prevention, Identification and Management Procedures”

_____ (name of student) sustained a suspected concussion on

_____ (date). As a result, this student must be seen by a medical doctor or nurse practitioner. 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.

Parent/Guardian signature: _____

Date: _____

Comments: