

## Physician Letter to School

To Whom It May Concern:

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### **INJURY STATUS**

Exam Date: \_\_\_\_\_

— Has been diagnosed by a MD/DO with a concussion and is under our care.

— Medical follow-up evaluation is scheduled for (date): \_\_\_\_\_

— Was evaluated and did not have a concussion injury. There are no limitations on school and physical activity.

### **ACADEMIC ACTIVITY STATUS** (Please mark all that apply)

— This student is not to return to school.

— This student may begin a return to school based on successful progression through the *CIF Concussion Return to Learn Protocol*. This student requires the necessary school accommodations set forth on the *Physician (MD/DO) Recommended School Accommodations Following Concussion* form.

— This student is no longer experiencing any signs or symptoms of concussion and may be released to full academic participation.

Comments: \_\_\_\_\_

### **PHYSICAL ACTIVITY STATUS** (Please mark all that apply)

— This student is not to participate in physical activity of any kind.

— This student is not to participate in recess, PE class, or other physical activities except for untimed, voluntary walking.

— This student may begin a monitored, graduated return to play progression (per *CIF Concussion RTP Protocol*).

— This student is cleared for full, unrestricted athletic participation (has completed the *CIF Concussion RTP Protocol*).

Comments: \_\_\_\_\_

Physician (MD/DO) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Stamp and Contact Info:

Parent/Guardian Acknowledgement Signature: \_\_\_\_\_ Date: \_\_\_\_\_