

CONCUSSION MEDICAL CLEARANCE FORM

The Concussion Medical Clearance Form is for students who have completed Stage D of the **Concussion Management for Return to School (RTSP)** and Stage 2 of the **Concussion Management for Return to Physical Activity Plan (RTPAP)** (FORM A7216 - 2, Concussion Management Plan for Return to School and Return to Physical Activity). The student must be medically cleared by a medical doctor/nurse practitioner prior to moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 3).

Student Name: _____ Date: _____

I have examined this student and confirm they are medically cleared to participate in all of the following activities:

- full participation in physical education classes;
- full participation in intramural physical activities;
- full participation in interschool sports (practices and competition); and,
- full-contact training/practice in contact interschool sports.

MEDICAL DOCTOR/NURSE PRACTITIONER SIGNATURE:

Forms completed by other licensed healthcare professionals will not be accepted.

Name	Signature	Date
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What if symptoms recur?

A student who has received medical clearance and has a recurrence of symptoms, or new symptoms appear, **must** immediately remove themselves from play, inform their parent/guardian (if under the age of 18), teacher, and coach, and return to their medical doctor or nurse practitioner for medical clearance reassessment **before** returning to physical activity.

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.