



Bluewater District School Board
351 1st Ave. N., Box 190, Chesley, Ontario N0G 1L0 (519) 363-2014 or 1-800-661-7509

Documentation of Medical Examination - Concussion

This form is to be provided to all students suspected of having a concussion.
Note: This form should be taken with the student for medical examination along with
AF 6814 "Suspected Concussion Identification Tool"

(student name) 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 information below.

Parent/Guardian Signature: Date:

Results of Medical Examination

- (student name) has been examined and no concussion has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
(student name) 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 (see AP 6814-D "Concussion Management – Return to Learn/Return to Physical Activity".
Initial Concussion
Subsequent Concussion (Second Impact Syndrome)

Medical Doctor/ Nurse Practitioner Signature: Date:

Comments:

Please deliver original completed form back to the student's school principal.

Distribution:
Original – student OSR
Copy – parent/guardian

Personal information on this form is collected under the authority of the Education Act, R.S.O. R.S.O. 1990, C.E.2 and its regulations. It will be utilized only for purposes related to the identification of a possible concussion and for the development a Return to Learn / Return to Physical Activity Plan (where appropriate). Questions about this collection should be directed to the principal of the school.