

## 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: \_\_\_\_\_

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