



## Physician's Concussion Letter

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.

### **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:**