

Medical Assessment Letter For School

To Whom it may concern,

The following student has presented for concussion assessment. Permission has been given by them to forward the following information to school to support a Return to Learn Plan.

Student Name:

DOB:

_____ Has not sustained a concussion and is able to return to normal activity
 _____ Has sustained a concussion

Date of Injury _____

To support recovery, it is recommended (select those applicable):

Complete the following	Tasks to Complete Following Concussion
	48 hours complete rest
	Gradual return to school, beginning with _____ hours per day.
	Provision of a quiet space at school to avoid noises
	Students to leave class or other school situation if feeling poorly
	Students take mini breaks during class time/leave early as required
	Extensions for due dates/assignments/exams
	Postponement of exams or assessment
	No PE or Sport until _____
	Other recommendations: - - -

It is expected that symptoms should resolve and the individual be back to normal schooling with _____ weeks.

If symptoms persist or if the school or student has any concerns, please refer the student back to the GP. Please support them in accessing further medical treatment/assessment for these.

Signed: _____

Date: _____