Medical Assessment Letter

Date	:	
Athle	ete's name:	
To w	hom it may concern,	
	etes who sustain a suspected concussion should be cussion in Sport. Accordingly, I have personally comp	
Resu	ılts of Medical Assessment	
	This patient has not been diagnosed with a concurand sport activities without restriction.	ssion and can resume full participation in school, work,
	This patient has not been diagnosed with a concurand recommendations:	ssion but the assessment led to the following diagnosis
	This patient has been diagnosed with a concussion	n.
and a organion phys abov	gradual return to school and sport activities. The pa nized sports or activities that could potentially place (date), I would ask that the pa ical activities as tolerated and only at a level that do re patient should not return to any full contact pract	e recovery of the patient's concussion by promoting a safe tient has been instructed to avoid all recreational and a them at risk of another concussion or head injury. Starting atient be allowed to participate in school and low-risk less not bring on or worsen their concussion symptoms. The ices or games until the coach has been provided with a br nurse practitioner in accordance with the <i>Canadian</i>
Othe	er comments:	
	nk-you very much in advance for your understanding	;
Your	s Sincerely,	
Signa	ature/print	M.D. / N.P. (circle appropriate designation)*

We recommend that this document be provided to the athlete without charge.

^{*}In rural or northern regions, the Medical Assessment Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.