



Medical Assessment Letter



Date:

Athlete's Name:

To whom it may concern,

Athletes who sustain a suspected concussion should be managed according to the International Consensus Statement on Concussion in Sport.

Accordingly, I have personally completed a Medical Assessment on this patient.

Results of Medical Assessment:

This patient has not been diagnosed with a concussion and can resume full participation in school, work, and sport activities without restriction.

This patient has not been diagnosed with a concussion, but the assessment led the following diagnosis and recommendations:

This patient has been diagnosed with a concussion.

The goal of concussion management is to allow complete recovery of the patient's concussion by following a safe and gradual return to school and sport. The patient has been instructed to avoid all recreational and organized sporting activities that could place them at risk for another concussion. Starting on _____ (date), I would ask that the patient be allowed to participate in school and low-risk physical activity as tolerated and only at a level that does not bring on or worsen their concussion symptoms. The above patient should not return to any full contact practices or games until the coach has been provided with medical clearance from a healthcare provider with training in concussion management.

Other Comments:

Thank you very much in advance for your understanding.

Yours Sincerely,

NAME OF PROFESSIONAL

Credentials (please circle) MD / NP / DC / PT / AT