APPENDIX Q



Medical Concussion Clearance Form

The Medical Concussion Clearance Form is for students who have completed Stage 4b of the Concussion Management Plan for Return to Learning (RTL) and Stage 4 of the Concussion Management Plan for Return to Physical Activity (RTPA). The student must be medically cleared by a medical doctor/nurse practitioner prior to moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5).

Student Name:	
Date: _	
I have	examined this student and confirm they are medically cleared to participate in the
followir	ng activities:
	Full participation in Physical Education classes
	Full participation in Intramural physical activities (non-contact)
	Full participation in non-contact Interschool Sports (practices and competition)
	Full-contact training/practice in contact Interschool Sports
Other o	comments:
Medica	al Doctor/Nurse Practitioner
In rural	l or northern regions, the Medical Clearance Form may be completed by a nurse with pre-
arrange	ed access to a medical doctor or nurse practitioner. Forms completed by other licensed
healtho	care professionals should not be otherwise accepted.
Name:	
Signatu	ure:
Date: _	

A student who has received Medical Clearance and has a recurrence of symptoms or new symptoms appear, must immediately remove him/herself from play, inform his/her parent/guardian/teacher/coach, and return to medical doctor or nurse practitioner for Medical Clearance reassessment before returning to physical activity.