



## Medical Assessment for Concussion

Date : \_\_\_\_\_

Athlete's Name : \_\_\_\_\_

To whom it may concern :

Athletes who sustain a suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*. Accordingly, you certify that you have personally completed a medical assessment for concussion on the above named athlete.

### Results of medical assessment:

- This athlete has **not** been diagnosed with a concussion and can resume full participation in school, work, and sport activities without restriction.
- This athlete has **not** been diagnosed with concussion, **but** the assessment led to the following diagnoses and recommendations:

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- This patient has been **diagnosed with a concussion**. This athlete has been instructed to avoid all recreational and organized sports activities that could potentially place them at risk of another concussion or head injury. Starting on \_\_\_\_\_ (date), I have advised that they be allowed to participate in school and low-risk activities as tolerated and only at levels that do not worsen their symptoms. They have been instructed that they will not be permitted to return to ski race training until the coach has been provided with a *Medical Clearance Letter* provided by the athlete/family and signed by a medical doctor or nurse practitioner in accordance with the *Canadian Guideline on Concussion in Sport*.

Other comments:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print/Stamp: \_\_\_\_\_

MD / Nurse Practitioner (circle one)

Thank-you very much in advance for your participation in keeping our athletes safe.

Dr. Jeff Pike, on behalf of PMRC Board or Directors