

Physician Letter to School

To Whom It May Concern:

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

<b>INJURY STATUS</b>	<b>Exam Date:</b> _____
<input type="checkbox"/> Has been diagnosed by a MD/DO with a concussion and is under our care. <input type="checkbox"/> Medical follow-up evaluation is scheduled for (date): _____ <input type="checkbox"/> Was evaluated and did not have a concussion injury. There are no limitations on school and physical activity.	

<b>ACADEMIC ACTIVITY STATUS</b> <small>(Please mark all that apply)</small>	
<input type="checkbox"/> <b>This student is not to return to school.</b>  This student may begin a return to school based on successful progression through the <b>CIF Concussion Return to Learn Protocol</b> . This student requires the necessary school accommodations set forth on the <b>Physician (MD/DO) Recommended School Accommodations Following Concussion</b> form.  <input type="checkbox"/> This student is no longer experiencing any signs or symptoms of concussion and may be released to full academic participation.  <u>Comments:</u> _____	

<b>PHYSICAL ACTIVITY STATUS</b> <small>(Please mark all that apply)</small>	
<input type="checkbox"/> <b>This student is not to participate in physical activity of any kind.</b>  <input type="checkbox"/> This student is not to participate in recess, PE class, or other physical activities except for untimed, voluntary walking. <input type="checkbox"/> This student may begin a monitored, graduated return to play progression (per <b>CIF Concussion RTP Protocol</b> ). <input type="checkbox"/> This student is cleared for full, unrestricted athletic participation (has completed the <b>CIF Concussion RTP Protocol</b> ).  <u>Comments:</u> _____	

**Physician (MD/DO) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Stamp and Contact Info:**

**Parent/Guardian Acknowledgement Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Physician (MD/DO) Recommended School Accommodations Following Concussion

Patient Name: _____	Date: _____
I, _____, give permission for my physician to share the following information with my child's school and for communication to occur between the school and my physician for changes to this plan. Parent Signature: _____	

Physician Name and Contact Information: _____	Physician Signature: _____
The patient will be reevaluated for revision of these recommendations in _____ weeks. Date: _____	

This patient has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the patient from school today due to the medical appointment. Flexibility and additional supports are needed during recovery. The following are suggestions for academic adjustments to be individualized for the student as deemed appropriate in the school setting. Adjustments can be modified as the student's symptoms improve/worsen. Please see the CIF Return to Learn Protocol for more information ([cifstate.org](http://cifstate.org)).

Area	Requested Modifications	Comments/ Clarifications
<b>Attendance</b>	<input type="checkbox"/> No School <input type="checkbox"/> Partial School day as tolerated by student – emphasis on core subject work <u>Encouraged Classes:</u> _____ <u>Discouraged Classes:</u> _____ <input type="checkbox"/> Full School day as tolerated by student <input type="checkbox"/> Water bottle in class/snack every 3-4 hours	
<b>Breaks</b>	<input type="checkbox"/> If symptoms appear/ worsen during class, allow student to go to quiet area or nurse's office; if No improvement after 30 minutes allow dismissal to home <input type="checkbox"/> <u>Mandatory Breaks:</u> _____ <input type="checkbox"/> Allow breaks during day as deemed necessary by student or teachers/school personnel	
<b>Visual Stimulus</b>	<input type="checkbox"/> Enlarged print (18 font) copies of textbook material / assignments <input type="checkbox"/> Pre-printed notes (18 font) or note taker for class material <input type="checkbox"/> Limited computer, TV screen, bright screen use <input type="checkbox"/> Allow handwritten assignments (as opposed to typed on a computer) <input type="checkbox"/> Allow student to wear sunglasses/hat in school; seat student away from windows and bright lights <input type="checkbox"/> Reduce brightness on monitors/screens <input type="checkbox"/> Change classroom seating to front of room as necessary	
<b>Auditory Stimulus</b>	<input type="checkbox"/> Avoid loud classroom activities <input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Avoid loud classes/places (i.e. music, band, choir, shop class, gym and cafeteria) <input type="checkbox"/> Allow student to wear earplugs as needed <input type="checkbox"/> Allow class transitions before the bell	
<b>School Work</b>	<input type="checkbox"/> Simplify tasks (i.e. 3 step instructions) <input type="checkbox"/> Short breaks (5 minutes) between tasks <input type="checkbox"/> Reduce overall amount of in-class work <input type="checkbox"/> Prorate workload (only core or important tasks) /eliminate non-essential work <input type="checkbox"/> No homework <input type="checkbox"/> Reduce amount of nightly homework _____ minutes per class; _____ minutes maximum per night <input type="checkbox"/> Will attempt homework, but will stop if symptoms occur <input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential work	
<b>Testing</b>	<input type="checkbox"/> No Testing <input type="checkbox"/> Additional time for testing/ untimed testing <input type="checkbox"/> Alternative Testing methods: oral delivery of questions, oral response or scribe <input type="checkbox"/> No more than one test a day <input type="checkbox"/> No Standardized Testing	
<b>Educational Plan</b>	<input type="checkbox"/> Student is in need of an IEP and/or 504 Plan (for prolonged symptoms lasting >3 months, if interfering with academic performance)	
<b>Physical Activity</b>	<input type="checkbox"/> No physical exertion/athletics/gym/recess <input type="checkbox"/> Walking in PE class/recess only <input type="checkbox"/> May begin return to play following the CIF Return to Play (RTP) protocol ( <a href="http://cifstate.org">cifstate.org</a> )	