

**Physician Letter to School**

To Whom It May Concern:

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

***INJURY STATUS***

***Exam Date:*** \_\_\_\_\_

\_\_\_\_\_ Has been diagnosed by a MD/DO with Sudden Cardiac Arrest and is under our care.  
Medical follow-up evaluation is scheduled for (*date*): \_\_\_\_\_

\_\_\_\_\_ Was evaluated and did not suffer from Sudden Cardiac Arrest. There are no limitations on school and physical activity.

**ACADEMIC ACTIVITY STATUS** (*Please mark all that apply*)

\_\_\_\_\_ **This student is not to return to school.**

\_\_\_\_\_ This student may begin a return to school based on successful progression through the ***CIF Sudden Cardiac Arrest Return to Play Protocol***.

\_\_\_\_\_ This student is no longer experiencing any signs or symptoms of Sudden Cardiac Arrest and may be released to full academic participation.

**PHYSICAL ACTIVITY STATUS** (*Please mark all that apply*)

\_\_\_\_\_ **This student is not to participate in physical activity of any kind.**

\_\_\_\_\_ This student is not to participate in recess, PE class, or other physical activities except for untimed, voluntary walking.

\_\_\_\_\_ This student may begin a monitored, graduated return to play progression (per ***CIF Sudden Cardiac Arrest Protocol***).

\_\_\_\_\_ This student is cleared for full, unrestricted athletic participation (has completed the ***CIF Sudden Cardiac Arrest Protocol***).

***Comments:*** \_\_\_\_\_

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

**Physician Stamp and Contact Info.:**

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