

Medical Assessment Letter

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, 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 sport activities without restriction.
 - Return to unrestricted sport activities on (Date): _____
- ☐ This patient has not been diagnosed with a concussion, but the assessment led to 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 promoting a safe and gradual return to sport activities. The patient has been instructed to avoid activities that could potentially place them at risk of another concussion or head injury until they have been provided with a **Medical Clearance Letter** from a Medical Doctor or Nurse Practitioner in accordance with the **Canadian Guideline on Concussion in Sport**.

Other comments:

Thank you very much in advance for your understanding.

Yours Sincerely,

Signature _____ M.D. / N.P. (circle one)

Soo Minor Baseball Use Only

Received on (Date) _____

Designated Person Name (Print): _____

Designated Person Signature: _____

We recommend that this document be provided to the athlete without charge.