

Concussion Diagnosis Form

Patient _____

DOB _____

Date of exam _____

I have examined this patient today for possible concussion and have determined that he/she:

does not have a concussion and may participate in normal activities

does have a concussion and, at this time, may participate in:

Indicate stage of academic participation

No School/Complete Cognitive and Physical Rest

Part-Time School Attendance with Accommodations

Full-Day Attendance with Accommodations

Full-Day Attendance without Accommodations

Full School and Extracurricular Involvement

I have examined this patient and have determined that he/she is recovering from a concussion and may participate in physical activities as follows:

No physical activity

Light aerobic activity

Moderate exercise

Non-contact exercise

Practice with full contact

Game with full contact

Signature of physician _____

Date _____

Name of physician _____

Address _____

Phone _____

Return this form to Wilmette District 39 Building Nurse