

**NAME OF STUDENT-ATHLETE** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**NAME OF SCHOOL/TEAM** \_\_\_\_\_

**SPORT/ACTIVITY** \_\_\_\_\_

**DETAILS OF INJURY** \_\_\_\_\_ **DATE OF INJURY:** \_\_\_\_\_

The above-named student-athlete was examined and/or treated for symptoms of a possible concussion.

I certify that, as of this date, the above named student-athlete does not exhibit any medical reason which would prevent the beginning of a gradual physical training process for the purpose of returning to sports participation.

**NOTES / DIRECTIONS FROM EXAMINING PHYSICIAN**

**SIGNATURE OF EXAMINING PHYSICIAN** \_\_\_\_\_

**NAME OF EXAMINING PHYSICIAN:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_