

# Pediatric Clinic

123 Medical Drive, Health City, ST 12345

Phone: (555) 000-0000 | Fax: (555) 111-1111

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**Date:** [Current Date]

**Patient Name:** [Student Name]

**Date of Birth:** [DOB]

**Date of Injury:** [Date]

## Return to Learn Medical Clearance

To School Administration and Teachers,

The student named above has been evaluated for a concussion. They are medically cleared to return to the classroom under the following checked conditions:

- **Full Return:** Student may return to full academic workload with no restrictions.
- **Gradual Return:** Student may return to school with the following temporary accommodations:
  - Limited screen time (computers, tablets, smartboards).
  - Rest breaks during the day if symptoms (headache, dizziness) flare.
  - Extended time for assignments and testing.
  - Reduced homework load (no more than 30 minutes per night).
  - Exemption from standardized testing or major exams.

## Physical Activity Restrictions

Until further notice or formal "Return to Play" clearance is provided, the student must adhere to the following:

- No Physical Education (PE) classes.
- No competitive sports or practices.
- No recess activities involving contact or risk of head injury.
- No weight lifting or strenuous aerobic activity.

This clearance is valid until: [Follow-up Date].

Please contact our office if the student's symptoms worsen significantly during school hours.

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**Healthcare Provider Signature**

[Provider Name and Title]

[NPI Number]