

Date: [Date]

To: [School Name/Principal/School Nurse]

Re: [Student Name]

Date of Birth: [DOB]

Date of Injury: [Date]

To Whom It May Concern,

[Student Name] has been evaluated at this office following a concussion. Based on today's clinical evaluation, the student is cleared to return to school with the following status:

Status (Check one):

- Full return to school with no academic adjustments.
- Return to school with the temporary academic accommodations listed below.

Recommended Academic Accommodations:

- Frequent breaks during the school day (every 30-60 minutes).
- Shortened school days (e.g., half days) as tolerated.
- Extended time for assignments and testing.
- Exemption from standardized testing or major exams.
- Reduced homework load (e.g., 50% reduction).
- Rest in the nurse's office if symptoms (headache, dizziness, nausea) flare.
- Avoidance of loud environments (cafeteria, pep rallies, music class).
- Reduction in screen time (computer, tablet, smart board).

Physical Activity Restrictions:

The student is NOT yet cleared for physical education (PE) class, recess, or competitive sports. A separate "Return to Play" clearance will be provided once the student has successfully returned to full-time academics without symptoms.

Follow-Up:

The student is scheduled for a follow-up evaluation on [Follow-up Date].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO/NP/PA]

[Clinic/Practice Name]

[Phone Number]