

Date: [Date]

To: [School Name/Principal/School Nurse]

Re: Clearance to Return to School for [Student Name]

To Whom It May Concern,

[Student Name] was evaluated on [Date of Evaluation] for a concussion sustained on [Date of Injury].

As of today, the student is cleared to return to school under the following conditions:

Return to Academics:

- Full return with no restrictions.
- Return with the following accommodations: [e.g., extra time on tests, reduced homework, frequent breaks].

Return to Physical Activity:

- No physical education (PE) or organized sports until [Date or Follow-up].
- Graduated return-to-play protocol authorized.
- Full clearance for all physical activities and sports.

If the student experiences a recurrence of symptoms such as headache, dizziness, or confusion, they should be allowed to rest and I should be notified immediately.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical Office/Clinic Name]

[Phone Number]