

Date: [Date]

To: [School Name / Athletic Department / To Whom It May Concern]

Patient Name: [Patient Name]

Date of Birth: [Date of Birth]

Date of Injury: [Date of Injury]

Date of Evaluation: [Current Date]

Dear [Recipient Name or Title],

The above-named patient was evaluated today for a follow-up regarding a recent concussion. Based on the clinical examination and report of symptoms, the following recovery status and recommendations have been determined:

1. Current Status

The patient is still experiencing symptoms and requires continued academic/physical restrictions.

The patient is currently asymptomatic at rest and during exertion.

The patient has successfully completed the Return-to-Learn protocol.

2. Academic Recommendations (Return-to-Learn)

Full return to school with no restrictions.

Return to school with the following accommodations:

- Shortened school days (e.g., half days).
- Rest breaks during the day if symptoms fluctuate.
- Extended time for assignments and testing.
- Exemption from standardized testing or major exams.
- Reduced screen time and avoidance of bright lights/loud environments.

3. Physical Activity Recommendations (Return-to-Play)

No physical activity or gym classes until the next evaluation.

May begin/continue the Graduated Return-to-Play Protocol (Stages 1-6).

Full clearance for all physical activities, including contact sports and physical education.

4. Follow-Up Plan

The patient is scheduled for a follow-up evaluation on [Date]. If symptoms worsen significantly or new neurological symptoms emerge, please contact our office immediately.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic Name]

[Phone Number]