

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Injury: [Date of Injury]

Date of Evaluation: [Current Date]

To Whom It May Concern,

The above-named patient was evaluated today for a follow-up assessment regarding a previously diagnosed concussion. Based on clinical examination and the patient's reported symptoms, I am providing the following status update regarding their recovery and functional abilities.

Clinical Status:

- The patient reports being 100% symptom-free at rest.
- The patient is symptom-free with physical exertion.
- The patient is symptom-free with cognitive (mental) exertion.
- Neurological examination is within normal limits.

Clearance Recommendations:

Full Clearance: The patient is medically cleared to return to all activities without restriction, including full work duties and/or contact sports, effective [Date].

Graduated Return: The patient is cleared to begin a graduated return-to-activity protocol as outlined below, but is not yet cleared for full-contact activities.

Provider Instructions:

If the patient experiences a return of symptoms (such as headache, dizziness, or confusion) during activity, they must stop immediately, rest for 24 hours, and contact this office for further instruction.

Sincerely,

[Signature]

[Printed Name of Healthcare Provider]

[Credentials/Title]

[Facility Name/Clinic]

[Phone Number]