

Date: [Insert Date]

To: [Healthcare Provider Name / Athletic Trainer Name]

From: [Parent/Guardian Name or Athlete Name]

Subject: Return to Play - Daily Symptom Follow-Up

Dear [Name],

This letter provides a follow-up on the recovery status and symptom monitoring for [Athlete's Full Name] following the concussion sustained on [Date of Injury].

Current Status:

The athlete is currently at Step [Insert Number] of the Return to Play Protocol.

Symptom Report:

Please indicate if any of the following symptoms have been experienced in the last 24 hours (Yes/No):

- Headache: []
- Dizziness: []
- Nausea: []
- Sensitivity to light/noise: []
- Difficulty concentrating: []
- Fatigue/Drowsiness: []
- Vision changes: []

Activity Tolerance:

[Describe any physical or cognitive activities performed today and if they triggered symptoms.]

Next Steps:

Based on the absence of symptoms for the past 24 hours, we request authorization to proceed to the next stage of the protocol. / Because symptoms were present, the athlete will remain at the current stage for another 24 hours of rest.

Sincerely,

[Your Signature]

[Your Printed Name]

[Phone Number]