

Date: [Date]

To: [School Name / Athletic Department / Organization]

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Date of Injury: [Date of Injury]

To Whom It May Concern,

The above-named student-athlete has been evaluated by this clinic for a concussion. Following a clinical evaluation and a review of their recovery progress, I have determined the following:

Current Status (Check one):

- The patient is asymptomatic and has successfully completed a supervised Return-to-Play (RTP) progression.
- The patient is cleared to begin the formal Return-to-Play (RTP) functional progression under the supervision of a Certified Athletic Trainer or designated school official.

Clearance Determination:

The patient is **fully cleared** to return to full-contact sports and unrestricted physical activity effective: [Date of Full Clearance].

Academic Recommendations:

The patient is cleared for full academic participation without restrictions or accommodations.

Note to Coaches/Parents: If the athlete experiences a return of symptoms (headache, dizziness, nausea, or confusion) at any point during physical activity, they must stop immediately and be re-evaluated by a medical professional.

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Clinic Name]

[Phone Number]