Concussion Medical Form

SECTION A: TO BE COMPLETED BY THE STUDENT:

This form is to be used in conjunction with other documentation/information in order to provide appropriate accommodations for the student named below. Students requesting accommodations must provide adequate information and cooperate with Mount Allison staff, which will allow for the implementation of the appropriate accommodations.

Student Name: _____ Student ID: _____
MTA Email: _____ Phone: _____

I hereby consent to the release of my disability/medical information to the Meighen Centre at Mount Allison University. This includes the information provided on this form, any supplemental information pertaining to a disability/disabilities or medical condition(s), and any follow-up conversations between the medical professional listed on this form and Meighen Centre Staff.

Signature: _____Date: _____

SECTION B: TO BE COMPLETED BY A MEDICAL PROFESSIONAL (including physiotherapist, doctor, nurse practitioner, athletic therapist, etc.):

Patient Name: _____ Date of Evaluation: _____

I have personally completed a Medical Assessment on this patient.

Results of Medical Assessment

☐ This patient has not been diagnosed with a concussion and can resume full participation in school, work, and sport activities without restriction.

☐ This patient has not been diagnosed with a concussion, but the assessment led to the following diagnosis and recommendations:

_____

_____

☐ This patient has been diagnosed with a concussion.

The goal of concussion management is to allow complete recovery of the patient's concussion by promoting a safe and gradual return to school, work and sport activities. The patient has been instructed to avoid activities that could potentially place them at risk of another concussion or head injury until they have been instructed by a medical profession.

Other comments:

_____

Please Indicate which Step the Patient is Currently Functioning/Assessing at:

School Activities: Progression through the steps will look different for each student. It is common for symptoms to worsen **mildly and briefly** with activity.

Check	Step	Activity	Description	Goal of each step
	1	Activities of daily living and relative rest (first 24-48 hours)	Typical activities at home (e.g. preparing meals, social interactions, light walking). Minimize screen time.	Gradual reintroduction of typical activities
	2	School activities with encouragement to return to school (as tolerated)	Homework, reading or other light cognitive activities at school or home. Take breaks and adapt activities as needed. Gradually resume screen time, as tolerated.	Increase tolerance to cognitive work and connect socially with peers
	3	Part-time or full days at school with accommodations	Gradually reintroduce schoolwork. Part-time school days with access to breaks and other accommodations may be required. Gradually reduce accommodations related to the concussion and increase workload.	Increase academic activities
	4	Return to school full-time	Return to full days at school and academic activities, without accommodations related to the concussion.	Return to full academic activities

Sport/Physical Activities: It is common for symptoms to worsen **mildly and briefly** with activity, and this is acceptable through steps 1 to 3.

Check	Step	Activity	Description	Goal of each step
	1	Activities of daily living and relative rest (first 24-48 hours)	Typical activities at home (e.g. preparing meals, social interactions, light walking). Minimize screen time.	Gradual reintroduction of typical activities.
	2	2A: Light effort aerobic exercise 2B: Moderate effort aerobic exercise	Walking or stationary cycling at slow to medium pace. May begin light resistance training. Gradually increase intensity of aerobic activities, such as stationary cycling and walking at a brisk pace.	Increase heart rate.
	3	Individual sport-specific activities, without risk of inadvertent head impact	Add sport-specific activities (e.g., running, changing direction, individual drills). Perform activities individually and under supervision.	Increase the intensity of aerobic activities and introduce low-risk sport-specific movements.
Medical clearance				

☐	**4**	Non-contact training drills and activities	Exercises with no body contact at high intensity. More challenging drills and activities (e.g., passing drills, multi-athlete training and practices).	Resume usual intensity of exercise, co-ordination and activity-related cognitive skills.
☐	**5**	Return to all non-competitive activities, full-contact practice and physical education activities	Progress to higher-risk activities including typical training activities, full-contact sport practices and physical education class activities. Do not participate in competitive gameplay.	Return to activities that have a risk of falling or body contact, restore confidence and assess functional skills by coaching staff.
☐	**6**	Return to sport	Unrestricted sport and physical activity	

Tables adapted from: Patricios, Schneider et al., 2023; Reed, Zemek et al., 2023

Reasonable accommodations approved through the Meighen Centre are based on the information provided by the medical professional, past accommodations provided, information from the student, professional judgment and educational requirements,

Please indicate accommodations that you would recommend to help the student succeed at Mount Allison.

Check off any recommended accommodations below.

Attendance Restrictions:
_☐_ Full/partial days missed due to concussion symptoms should be medically excused.

Currently the student has been advised to:
_☐_ Remain home from school until_____.
_☐_ Attend modified or partial days.
_☐_ Resume full time school attendance.

Testing:
_☐_ Extra time to complete tests
_☐_ Testing in a quiet environment
_☐_ Allow the student to take breaks during testing/class.
_☐_ Provide cueing (e.g. Use of a notecard for helpful formulas).
_☐_ Dimmed Lighting in testing rooms

Note Taking:
_☐_ Allow student to obtain class notes

Assignment Extensions:
_☐_ Allow student to turn in assignments later (to be negotiated with the instructor).

List any other recommended accommodations and a rational for each recommendation below. Accommodations are to be linked to the diagnosis of a concussion.

Recommendation 1: _____

Rationale:

_____

_____

Recommendation 2: _____

Rationale:

_____

_____

_____

Please provide any additional information that may assist us in accommodating this student at university:

_____

_____

_____

_____

_____

Medical Professional Information:

Name: _____ Professional Designation: _____

Telephone: _____Organization and Address: _____

Fax: _____

By signing this form, you certify that the information provided is accurate.

Signature: _____Date: _____

Thank you for completing the form. Please forward any questions or concerns, and return to:

Cindy Crossman, Director, Accessibility and Student Wellness
The Meighen Centre, Wallace McCain Student Centre (3rd Floor), Mount Allison University
62 York St., Sackville, NB, E4L 1E2 Telephone: 1-506-364-2255 Fax: 1-506-364-2263