

Merced Union High School District Concussion Protocol

Physician Letter to School

CA STATE LAW AB 2127 EFFECTIVE (1/1/15) STATES THAT RETURN TO PLAY (I.E. COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PYSICIAN (MD/DO/PA/NP) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION.

To Whom It May Concern:

Patient/Student Name _____ DOB _____

Check One	Concussion Status
	Has been diagnosed by a MD/DO/PA NP with a concussion and is currently under our care
	Was evaluated and did NOT have a concussion injury. There are no limitations on school or physical activity.

Mark all that apply	Physical Activity Status
	This Student is NOT to participate in physical activity of any kind
	This student is not to participate in any physical activities except for untimed, voluntary walking.
	This student may begin a graduated return to play (RTP) protocol.

Physician (MD/DO) Signature _____ Exam Date _____

Physician Stamp and Contact information:

Parent Guardian Acknowledgement Signature _____ Date _____

MD/DO/PA/NP checks	Final Clearance to Participate in Athletics
	This student has medical clearance for unrestricted athletic participation.
AD checks	
	This student has completed the MUHSD Concussion Protocol.

Physician (MD/DO) Signature _____ Date _____

Athletic Director Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____