



RO Medical Letter

Date: _____

Injured Party Name: _____

To whom it may concern,

Athletes and sport individuals who sustain a suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*. As such, I have personally completed a Medical Assessment on this patient, and outlined the results below:

Results of Medical Assessment

This patient has not been diagnosed with a concussion and can resume full participation in school, work, and recreational/organized Ringette activities without restriction

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

_____.

This patient has been diagnosed with a concussion

Additional Notes:

_____.

Thank you.

Yours in health,

Signature/print _____ M.D./N.P. (circle appropriate designation)*

We recommend that this document be provided to the athlete without charge