

Ossining UFSD Concussion Clearance Form

5421 -E

Dear (Name of OUFSD Chief School Medical Officer,

_____, _____th grade student was diagnosed with a concussion
(Student Name) (Grade)

while participating in _____ on _____.
(Activity) (Date)

As per the script below, the student-athlete has been cleared to return to play by his/her physician as of ____
_____.
(Date)

Family
Physician
Script
Here

The above named student has been cleared to begin return to play protocol.

Signature: _____ Date: _____

Dr.
(OUFSD Chief School Medical Officer)

- Please fax back to the OHS nurse (914) 941-2093 or AMD nurse @ (914) 941-2464

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