# Board Logo for windows

**Appendix I: Student Concussion Diagnosis Report**

**TO BE COMPLETED BY THE SCHOOL PRINCIPAL**

|  |  |  |  |  |  |  |  |
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| NIAGARA CATHOLIC DISTRICT SCHOOL BOARD  **Student Concussion Diagnosis Report** | | | | | | | |
|  | |  |  |  |  | |  |
| School: | | | Principal: | | | | |
| Student(s) Name(s) | | Date of Birth | | Documentation for a Diagnosed Concussion - Return to School/Return to Physical Activity Plan  in Place | | Status of  Return to School/  Return to Physical Activity Plan Completed (Y) Ongoing (N) | |
| YYYY/MM/DD | |
| Surname | Given Name |  | |
| **1.** | |  | | YES | NO | YES | NO |
| **Date/Location of incident:** | | **Circumstances causing concussion:** | | | | | |
| **2.** | |  | | YES | NO | YES | NO |
| **Date/Location of incident:** | | **Circumstances causing concussion:** | | | | | |
| **3.** | |  | | YES | NO | YES | NO |
| **Date/Location of incident:** | | **Circumstances causing concussion:** | | | | | |
| **4.** | |  | | YES | NO | YES | NO |
| **Date/Location of incident:** | | **Circumstances causing concussion:** | | | | | |
| **5.** | |  | | YES | NO | YES | NO |
| **Date/Location of incident:** | | **Circumstances causing concussion:** | | | | | |
| Annual Concussion Awareness Training (to be completed by the Last Wednesday in September in honour of Rowan’s Law day. | | | | | | | |
| Staff Completed on: | DATE |  |  |  |  |  |  |
| Comments: | | | | | | | |
|  | | | | | | | |