# 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 ofReturn 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: |
|  |