



## Garden City Minor Hockey Association Concussion Assessment Form



Date: \_\_\_\_\_

Player Name: \_\_\_\_\_

To whom it may concern,

Children and youth who sustain a suspected concussion should be managed according to the Canadian Guideline on Concussion in Sport. Accordingly, I have personally completed a Medical Assessment on this patient.

### Results of Medical Assessment

- ☐ This patient has **not** been diagnosed with a concussion and can resume full participation in hockey activities without restriction.
- ☐ This patient has **not** been diagnosed with a concussion but the assessment led to the following diagnosis and recommendations:

\_\_\_\_\_  
\_\_\_\_\_

- ☐ This patient has been diagnosed with a concussion.

If a concussion is diagnosed I would ask that the patient be allowed to participate in a step-wise Return-to-Sport as per the Canadian Guideline on Concussion in Sport.

The above patient **should not return to any full contact practices or games until the coach has been provided with a Concussion Clearance Letter provided by a medical doctor.**

Other comments:

\_\_\_\_\_  
\_\_\_\_\_

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print \_\_\_\_\_ M.D.

McCrory P, et al. Consensus statement on concussion in sport: the 5th international conference on concussion in sport held in Berlin, Oct 2016. British Journal of Sports Medicine 2017 0:1-10.

Reed, N.\*, Zemek, R.\*, Dawson, J., Ledoux, AA., et al. (2019). Living Guideline for Diagnosing and Managing Pediatric Concussion. Toronto, ON: Ontario Neurotrauma Foundation