YORK CATHOLIC
MIDDLE & HIGH SCHOOL
601 E Springettsbury Ave
York PA 17403
717-846-8871
yorkcatholic.org

Physician Recommendations for Concussion

_____is a student at York Catholic Middle School or High School who has been diagnosed with a concussion injury. It is reported to us that he/she is being treated by a physician at your office. Please complete the following form and return it to our office by fax or email within 24 hours. Forms may be faxed or emailed to our nurse, Mrs. Tiffany Brocius, at tbrocius@yorkcatholic.org or fax number 717-843-4588. As partners in the students' circle of care, please keep the school informed regarding changes or updates to these recommendations.

Please complete the following:

School absence necessary? ____Yes ____No

Date for return to school _____

½ days necessary? ____Yes ____No

Date for return to full days _____

Recommended duration of screen time for technology use/viewing _____

Recommended duration of time for sustained reading _____

Recommended duration of time for sustained testing _____
York Catholic will determine the setting and method of testing.

Recommended duration of time for nightly homework completion _____

Is the student permitted to attend daily lunch and other school assemblies/activities with high levels of volume? ____Yes ____No

Sunglasses necessary in bright areas? ____Yes ____No

Next physician visit date _____

Other notes: _____

_____

Physician Name _____ Physician Signature_____

Practice Name_____

Address _____

Phone _____ Contact _____