



## Queensland Paediatric Rehabilitation Service

### Student Medical Certificate

Date

Name:

DOB:

#### Medical Condition:

..... sustained a concussion on .....

#### Recommendations for Schooling:

##### Attendance:

- ☐ Part days of school work: gradually increase work load as symptoms decrease (nb: can attend school full days with rest breaks as required OR attend for part days)
- ☐ Full days

##### Classroom:

- ☐ Exempt from exams until attending school full days
- ☐ Provide quiet area for rest breaks if required
- ☐ Allow thinking rest breaks (attention may be affected) by giving a basic chore or sending on an errand
- ☐ Allow extra time to complete work
- ☐ Provide handouts to avoid excessive writing

##### Breaks/Playground

- ☐ Supervision in playground
- ☐ Supervision for eating lunch
- ☐ Nil contact sports during breaks

##### Access

- ☐ Allow student to leave a few minutes early to get to his/her class
- ☐ Allow use of disabled toilets
- ☐ Allow student to use elevator if available
- ☐ Supervision for stairs
- ☐ Allow student to be dropped off as close as possible to his/her classroom

##### Physical Education

- ☐ No PE until attending school full days symptom free
- ☐ Modified PE (no contact sports)
- ☐ Full inclusion

##### Transport

- ☐ Public transport not recommended
- ☐ School bus not recommended

##### Other

- ☐ Student is likely to need to attend therapy/medical appointments

**PLEASE CONTACT OUR mild TBI nurse IF YOU HAVE ANY QUESTIONS 3068 2950**

Signature:

Name:

Designation:

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Queensland Children's Hospital  
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Great state. Great opportunity.  
And a plan for the future.

