

Form 2: QRSS Alternative Diagnosis Referral Form

Student name	Time and date of incident	Sport	
The student was treated by paramedics following the incident.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>As per the Queensland Representative School Sport (QRSS) Concussion Management Guidelines, if a student has a suspected concussion, they will be removed from play immediately and recommended not to return to play or training for a minimum of 48 hours. If the Medical Practitioner believes that the student has not sustained a concussion, the following form is to be completed to support the student to return to full participation in the sport.</p>			
<p>Student is cleared to return to full participation in the sport</p>			
<p>Based on my assessment of the student listed above and the information provided to me and in Section 1 of <i>Form 1: QRSS Concussion Referral and Return form</i>:</p> <ul style="list-style-type: none"> The student has advised that after the incident described in Section 1, they did not display any signs or delayed symptoms of concussion. The student is displaying no current signs of concussion. The student has advised me that they have no symptoms of concussion. <p><i>QRSS recommend that individuals with a suspected concussion observe a minimum stand-down period of 48 hours before resuming any play or training activities.</i></p>			
Note/s:			
<p>In accordance with the QRSS Concussion Management Guidelines, as of __/__/20__ (date), I find no medical reason to prevent _____ (student name) from returning to full participation in Queensland Representative School Sport.</p>			
<p>Medical Practitioner details</p>			
Name:	Medical Practice (stamp or details):		
Signature:			
Date:			