

Mayo Clinic Sports Medicine Center  
Post-Concussion  
School Accommodation Form

**COPY**

- No school for \_\_\_ days  
 Partial school \_\_\_ hours/day for \_\_\_ days

Any restrictions from the list below that are checked should be continued until the athlete's next appointment:

- Reduced or more time for assignments/homework (i.e., no homework outside of school for \_\_\_ days/weeks, every other math problem, extra time for reports)  
 Access to lecture notes/outlines from teachers to avoid need to divide attention  
 Extra time for tests, tests in a distraction free environment  
 Teachers to provide assignments in writing  
 Rest breaks in nurse's office at onset of headache, fatigue or other post-concussion symptoms  
 Student to take scheduled "brain breaks" throughout day (i.e., work 20 minutes rest 5 minutes, close eyes for 5 minutes, "tune out" and deep breathe, short walk or bathroom break, put head down on desk)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician Printed Name