

Team: _____ Venue: _____ Date & Time of Injury: _____

Completed By: _____ Phone: _____ Time: _____

OBSERVATIONS

If an athlete reports one or more symptoms of concussion, he/she should be kept out of play until a qualified medical professional experienced in evaluating for a concussion, says he/she is symptom-free and it's ok to return to play.

1. **Danger signs** (if the athlete has one or more of the following, call 911 immediately):

- Loss of consciousness (for any length of time). Duration of loss of consciousness: _____
- Is drowsy or cannot be awakened Repeated vomiting or nausea
- A headache that gets worse Weakness, numbness, or decreased coordination

2. Injury description (circle one): Fall Hit head on other player Hit head on ground/object Struck by object

3. Location of impact (circle one): Body Front Back Right side Left side

4. Last memory before the impact: _____

Duration of time between memory and impact: _____

5. First memory after the impact: _____

Duration of time between impact and memory: _____

FUNCTION

1. Oriented to (circle all that apply): Self Location Score Opponent Last play
2. Does the athlete stagger, sway, stumble, or appear uncoordinated? Yes No
3. Are the athlete’s eyes having difficulty tracking, and/or do pupils look unequal? Yes No
4. Does the athlete seem dazed or appear to be responding slowly or acting unusual? Yes No

SYMPTOMS

Ask the athlete if they have these symptoms, and check any that apply:

Physical

- Headache
- “Pressure in head”
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- Numbness or tingling
- Drowsiness

Thinking

- Feeling “in a fog”
- “Don’t feel right”
- Feeling slowed down
- Difficulty concentrating
- Difficulty remembering
- Confusion

Emotional

- More emotional
- Irritability
- Sadness
- Nervous or anxious