

## Concussion Accident Form

Date of injury: \_\_\_\_\_ Student: \_\_\_\_\_ Person completing: \_\_\_\_\_

Where did injury occur?

Practice  Game  Playground  Other

Description of the injury with specifics from athlete about the play, the injury and immediately after (to verify memory) \_\_\_\_\_  
\_\_\_\_\_

Observed signs: *Check all that apply*

Appears dazed/stunned  Confused about event  Cannot recall events

Repeats questions/answers

Physical symptoms:

Headache/pressure in head  Nausea/vomiting  Balance problems

Fatigue or feeling tired  Blurred/double vision  Sensitivity to light

Sensitivity to noise  Numbness/tingling  Doesn't "feel right"

Cognitive symptoms:

Difficulty thinking clearly  Difficulty concentrating  Difficulty remembering

Feeling slowed down  Feeling sluggish, hazy or foggy

Emotional symptoms:

Irritable  More emotional than usual  Nervous  Sad

Disposition:

Return to class/activity  Referred to health care professional/Athletic trainer

Sent to ED  Parent notified and CDC fact sheet given

Nursing office use:

Email sent to teachers: \_\_\_\_\_ MD/AT clearance note received and date: \_\_\_\_\_

*Coach copy*