

Concussion Incident Report

Name of Student: _____

Date of Injury: _____

Sport/Event: _____

Cause of Injury: _____

Contacted _____

Parent/Guardian: _____

Notes:

Severity of Concussion

Please place an "X" in the box that applies:

1.) Minimal, bump in the head, No Loss of Consciousness (LOC)	(X)	<input type="checkbox"/>
2.) LOC < 15 minutes		<input type="checkbox"/>
3.) LOC >15 minutes and < 30 minutes (Moderate)		<input type="checkbox"/>
4.) LOC > 30 minutes		<input type="checkbox"/>
5.) LOC / transported		<input type="checkbox"/>

Concussion Signs and Symptoms Evaluation

Please place an "X" next to **ALL** symptoms that apply:

<u>Signs Observed by Staff</u>		<u>Symptoms Reported by Athlete</u>	
	(X)		(X)
1) Appears to be dazed or stunned	<input type="checkbox"/>	1) Headache	<input type="checkbox"/>
2) Is confused about assignment	<input type="checkbox"/>	2) Nausea	<input type="checkbox"/>
3) Forgets plays	<input type="checkbox"/>	3) Balance problems / dizziness	<input type="checkbox"/>
4) Is unsure of game, score, or opponent	<input type="checkbox"/>	4) Double / fuzzy vision	<input type="checkbox"/>
5) Moves clumsily	<input type="checkbox"/>	5) Sensitivity to light / noise	<input type="checkbox"/>
6) Answers questions slowly	<input type="checkbox"/>	6) Feeling sluggish	<input type="checkbox"/>
7) Loss of consciousness (even temporarily)	<input type="checkbox"/>	7) Feeling "foggy"	<input type="checkbox"/>
8) Shows behavior or personality change	<input type="checkbox"/>	8) Concentration / memory problems	<input type="checkbox"/>
9) Forgets events prior to hit	<input type="checkbox"/>		<input type="checkbox"/>
10) Forgets events after hit	<input type="checkbox"/>		<input type="checkbox"/>

Questions to Ask Athlete

	(Y/N)	
1) Does athlete know today's date?		<input type="checkbox"/>
2) Does athlete know where they are at?		<input type="checkbox"/>
3) Can athlete tell you their name?		<input type="checkbox"/>

Please email completed form to the following email addresses:

- 1) lmcclore@cvcsonline.org
- 2) mbeglinger@cvcsonline.org

Cc: Program Head