

Novi Youth Hockey Association

**Incident Report Form
Head Trauma/Concussion**

Date: _____

Players Name: _____

Coach: _____

Team: _____ **Rink:** _____

Brief description of incident: _____

Player removed from ice? YES NO
Player's parent/guardian notified? YES NO

Symptoms observed/reported (check all that apply):

<input type="checkbox"/>	Lose of consciousness	<input type="checkbox"/>	Irritability or agitation
<input type="checkbox"/>	Headache	<input type="checkbox"/>	Appears dazed, stunned or disoriented
<input type="checkbox"/>	Nausea/vomiting	<input type="checkbox"/>	Unable to recall events prior to or after incident, forgets plays or demonstrates short-term memory difficulties (i.e. unsure of game, score, or opponent)
<input type="checkbox"/>	Balance problems or dizziness	<input type="checkbox"/>	Demonstrates behavior or personality changes
<input type="checkbox"/>	Double vision or changes in vision	<input type="checkbox"/>	Answers questions slowly or inaccurately
<input type="checkbox"/>	Sensitivity to light or sound/noise	<input type="checkbox"/>	Depression or anxiety
<input type="checkbox"/>	Feeling of sluggishness or fogginess	<input type="checkbox"/>	Sleep Disturbance
<input type="checkbox"/>	Difficulty with short-term memory and/or confusion	<input type="checkbox"/>	Other:

To be completed by NYHA ACE Director:

Date Medical Clearance Received: _____

Date player cleared to return to hockey activities and coach notified: _____

ACE Director: attach copy of medical clearance to this form and retain with player records for as long as player is member of NYHA. Provide copy of documents to both player's head coach and parent/guardian.