

Sideline Concussion Documentation: To be completed by coaching staff

Athlete's name: _____ Date of birth: ____ / ____ / ____ Age/grade: ____ / ____

OBSERVATIONS

Team: _____ Date: ____ / ____ / ____ Venue: _____ Current time: _____

Time of injury: _____ Documentation completed by: _____ Phone : _____

☐ Coach ☐ Athletic trainer ☐ Parent ☐ Other: _____

If an athlete reports one or more symptoms of concussion after a bump, blow or jolt to the head or body, he or she should be kept out of play the day of the injury and until a physician, experienced in evaluating for concussion, says he or she is symptom-free and it's OK to return to play.

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

- | | |
|--|---|
| <input type="checkbox"/> Loses consciousness (Even a brief loss of consciousness should be taken seriously.)
Duration of loss of consciousness: _____ | <input type="checkbox"/> Slurred speech |
| <input type="checkbox"/> Is drowsy or cannot be awakened | <input type="checkbox"/> Convulsions or seizures |
| <input type="checkbox"/> A headache that gets worse | <input type="checkbox"/> Cannot recognize people or places |
| <input type="checkbox"/> Weakness, numbness or decreased coordination | <input type="checkbox"/> Becomes increasingly confused, restless or agitated |
| <input type="checkbox"/> Repeated vomiting or nausea | <input type="checkbox"/> Has unusual behavior |
| | <input type="checkbox"/> One pupil is larger than the other (if not a normal state for the athlete) |

2. Injury description: ☐ Fall ☐ Hit head on other player ☐ Hit head on ground/object ☐ Struck by object

3. Location of impact: ☐ 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

- Oriented to: ☐ Self ☐ Location ☐ Score ☐ Opponent ☐ Last play
- Does athlete stagger, sway, stumble or appear uncoordinated? ☐ Yes ☐ No
- Are athlete's eyes having difficulty tracking, and/or do pupils look unequal? ☐ Yes ☐ No
- Does athlete seem dazed or appear to be responding slowly or acting unusual? ☐ Yes ☐ No

MONITORING SYMPTOMS

Ask athlete if they have these symptoms.

Symptom	Yes	No
Headache		
Dizziness		
Vision changes		
Light sensitivity		
Noise sensitivity		
Neck pain		
Feeling distracted		
Fatigue		
Tingling/loss of movement		
Feeling foggy/cloudy/out of it		
Difficulty remembering		
Upset/emotional		

This information is provided by our sports concussion specialists.