



Suspected Concussion Identification & Follow up

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion must be suspected in the presence of **any one or more** of the signs or symptoms outlined in the chart below **and/or** the failure of the Quick Memory Function Assessment.

An incident occurred involving _____ (Athlete name) on _____ (date).

She was observed for signs and symptoms of a concussion.

The following signs were observed or symptoms reported:

1. Check appropriate box

Signs and Symptoms of Suspected Concussion

Possible Signs Observed

A sign is something that is observed by another person (e.g., trainer, coach, parent/guardian, coach, peer).

Physical

- vomiting
- slurred speech
- slowed reaction time
- poor coordination or balance
- blank stare/glassy-eyed/dazed or vacant look
- decreased playing ability
- loss of consciousness or lack of responsiveness
- lying motionless on the ground or slow to get up
- amnesia
- seizure or convulsion
- grabbing or clutching of head

Cognitive

- difficulty concentrating
- easily distracted
- general confusion
- cannot remember things that happened before and after the injury (*see Quick Memory Function Assessment*)
- does not know time, date, place, class, type of activity in which he/she was participating
- slowed reaction time (e.g., answering questions or following directions)

Emotional/Behavioural

- strange or inappropriate emotions (e.g., laughing, crying, getting angry easily)

Other

- _____

Possible Symptoms Reported

A symptom is something the athlete will feel/report.

Physical

- headache
- pressure in head
- neck pain
- feeling off/not right
- ringing in the ears
- seeing double or blurry/loss of vision
- seeing stars, flashing lights
- pain at physical site of injury
- nausea/stomach ache/pain
- balance problems or dizziness
- fatigue or feeling tired
- sensitivity to light or noise

Cognitive

- difficulty concentrating or remembering
- slowed down, fatigue or low energy
- dazed or in a fog

Emotional/Behavioural

- irritable, sad, more emotional than usual
- nervous, anxious, depressed

Other

- _____

2. Perform Quick Memory Function Assessment

Ask the athlete the following questions & record the answers below.

Failure to answer any one of these questions correctly may indicate a concussion:

- What room are we in right now? *Answer:* _____
- What game are we playing now? *Answer:* _____
- What arena are we playing at today? *Answer:* _____

- What part of the day is it? *Answer:* _____
- What is the name of your coach? *Answer:* _____

3. Action to be Taken

If there are **any** signs observed or symptoms reported, or if the athlete fails to answer any of the above questions correctly:

- a concussion should be suspected;
- the athlete must be immediately removed from play and must not be allowed to return to play that day even if the athlete states that she is feeling better; and
- the athlete must not leave the premises without parent/guardian (or emergency contact) supervision.

In all cases of a suspected concussion, the athlete should be examined by a medical doctor or nurse practitioner for diagnosis or clearance.

Trainer Name: _____

Trainer Signature: _____

4. Parent Acknowledgment

I, (insert name here) _____ parent/guardian/ of _____
 (insert athlete full name) acknowledge the noted signs and/or symptoms as identified above and will seek medical attention.

 Parent/Guardian Signature

 Date

NOTE: The Return To Play form is to accompany this form for medical clearance if/when needed.

Notes: _____

**Adapted from McCroy et.al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013*