Name of Student:  Date/Time of Injury: Off School grounds, previous 48 hours Date/Time of Observation:  Confusion Appears Dazed or Stunned Repeats questions Answers questions slowly Unable to recall events or forgetfulness ANY loss of consciousness (even just briefly) Personality and behavior changes REPORTED SYMPTOMS Headache or pressure in the head Nausea or vomiting Balance problems or dizziness Fatigue Sensitivity to noise Numbness or tingling Doesn't "feel right" Blurred or double vision Other: Difficulty Thinking Unable to concentrate Unable to remember, forgetfulness Feeling slow, sluggish, hazy, foggy or groggy Irritable Sad Nervous, anxious or agitated Whose emotional than usual Seizure Unequal pupils Unaware of surroundings, place, time Increased confusion, agitation Unusual or unexplained behavior Weakness, numbness, unusual coordination Incident Report Completed (school incidents)  OSAA Document provided (MHS athletes)  Signature:	CONCUSSION CHECKLIST								
Standard grounds, previous 48 hours   Date/Time of observation:   minutes   minutes minutes   minutes minutes   minutes minutes   minutes minutes   minute	Name of Student :			DOB:					
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Confusion   Appears Dazed or Stunned   Repeats questions   Answers questions slowly   Unable to recall events or forgetfulness   Answers questions slowly   Unable to recall events or forgetfulness   Any loss of consciousness (even just briefly)   Personality and behavior changes   REPORTED SYMPTOMS   Headache or pressure in the head   Nausea or vomiting   Balance problems or dizziness   Fatigue   Sensitivity to noise   Numbness or tingling   Doesn't "feel right"   Blurred or double vision   Other:   Difficulty Thinking   Unable to concentrate   Unable to remember, forgetfulness   Feeling slow, sluggish, hazy, foggy or groggy   Irritable   Sad   More emotional than usual   Seizure   Unequal pupils   Unable to be roused, awaken   Changes in personality   Unaware of surroundings, place, time   Increased confusion, agitation   Unusual or unexplained behavior   Weakness, numbness, unusual coordination   OSAA Document provided (MHS athletes)   Signature   Condition						minutes	hours	days	
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