

CONCUSSION CHECKLIST

Name of Student :

DOB:

Date/Time of Injury:

Off School grounds, previous 48 hours

0

minutes

15

minutes

30

minutes

minutes

hours

days

Date/Time of observation:

		0	15	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		minutes	minutes	minutes	minutes	hours	days
OBSERVABLE SIGNS	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						
PHYSICAL COMPLAINTS	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:						
COGNITIVE SIGNS	Difficulty Thinking						
	Unable to concentrate						
	Unable to remember, forgetfulness						
	Feeling slow, sluggish, hazy, foggy or groggy						
EMOTIONAL SYMPTOMS	Irritable						
	Sad						
	Nervous, anxious or agitated						
	More emotional than usual						
EMERGENCY	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						

Incident Report Completed (school incidents) OSAA Document provided (MHS athletes)

Signature: _____

