

Central Unified School District
Concussion Injury Report Form

Athlete Name: _____ **Date of injury:** _____

Sport: _____ **Previous history of concussion:** _____

Description of incident:

Signs and Symptoms athlete is exhibiting. Mark all that apply:

- | | | |
|--|------------------------|------------------------------|
| _____ Headache | _____ Dizziness | _____ Feels “foggy” |
| _____ Nausea or Vomiting | _____ Fatigue | _____ Problems concentrating |
| _____ Blurred vision | _____ Feels sluggish | _____ Problems remembering |
| _____ Loss of consciousness | _____ Balance problems | _____ Personality change |
| _____ Athlete appears dazed or stunned | | _____ Confusion |

“Heads-Up” 4-Step Action Plan:

1. Remove the athlete from play
2. Ensure that the athlete is evaluated by an appropriate health-care professional.
3. Inform the athlete’s parents or guardians and school administrator about the possible concussion and given them information on concussion.
4. Keep the athlete out of play the day of injury and until the appropriate health-care professional says he or she is symptom-free and gives the okay to return to activities.