# PREPARTICIPATION PHYSICAL EVALUATION
# HISTORY FORM

*(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)*

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

_____

_____

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

**Explain "Yes" answers below. Circle questions you don't know the answers to.**

| GENERAL QUESTIONS | Yes | No |
|---|---|---|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | |
| 2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____ | | |
| 3. Have you ever spent the night in the hospital? | | |
| 4. Have you ever had surgery? | | |
| **HEART HEALTH QUESTIONS ABOUT YOU** | **Yes** | **No** |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise? | | |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____ | | |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) | | |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise? | | |
| 11. Have you ever had an unexplained seizure? | | |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise? | | |
| **HEART HEALTH QUESTIONS ABOUT YOUR FAMILY** | **Yes** | **No** |
| 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? | | |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? | | |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? | | |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? | | |
| **BONE AND JOINT QUESTIONS** | **Yes** | **No** |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? | | |
| 18. Have you ever had any broken or fractured bones or dislocated joints? | | |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? | | |
| 20. Have you ever had a stress fracture? | | |
| 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) | | |
| 22. Do you regularly use a brace, orthotics, or other assistive device? | | |
| 23. Do you have a bone, muscle, or joint injury that bothers you? | | |
| 24. Do any of your joints become painful, swollen, feel warm, or look red? | | |
| 25. Do you have any history of juvenile arthritis or connective tissue disease? | | |

| MEDICAL QUESTIONS | Yes | No |
|---|---|---|
| 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 27. Have you ever used an inhaler or taken asthma medicine? | | |
| 28. Is there anyone in your family who has asthma? | | |
| 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| 30. Do you have groin pain or a painful bulge or hernia in the groin area? | | |
| 31. Have you had infectious mononucleosis (mono) within the last month? | | |
| 32. Do you have any rashes, pressure sores, or other skin problems? | | |
| 33. Have you had a herpes or MRSA skin infection? | | |
| 34. Have you ever had a head injury or concussion? | | |
| 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| 36. Do you have a history of seizure disorder? | | |
| 37. Do you have headaches with exercise? | | |
| 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| 39. Have you ever been unable to move your arms or legs after being hit or falling? | | |
| 40. Have you ever become ill while exercising in the heat? | | |
| 41. Do you get frequent muscle cramps when exercising? | | |
| 42. Do you or someone in your family have sickle cell trait or disease? | | |
| 43. Have you had any problems with your eyes or vision? | | |
| 44. Have you had any eye injuries? | | |
| 45. Do you wear glasses or contact lenses? | | |
| 46. Do you wear protective eyewear, such as goggles or a face shield? | | |
| 47. Do you worry about your weight? | | |
| 48. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 49. Are you on a special diet or do you avoid certain types of foods? | | |
| 50. Have you ever had an eating disorder? | | |
| 51. Do you have any concerns that you would like to discuss with a doctor? | | |
| **FEMALES ONLY** | | |
| 52. Have you ever had a menstrual period? | | |
| 53. How old were you when you had your first menstrual period? | | |
| 54. How many periods have you had in the last 12 months? | | |

**Explain "yes" answers here**

_____

_____

_____

_____

_____

_____

_____

_____

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of athlete _____ Signature of parent/guardian _____ Date _____



HE0503 9-2681/0410

# Preparticipation Physical Evaluation
# PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

## PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

| **EXAMINATION** | | |
|---|---|---|
| Height Weight ☐ Male ☐ Female | | |
| BP / ( / ) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ N | | |
| **MEDICAL** | **NORMAL** | **ABNORMAL FINDINGS** |
| Appearance<br>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | |
| Eyes/ears/nose/throat<br>• Pupils equal<br>• Hearing | | |
| Lymph nodes | | |
| Heart[a]<br>• Murmurs (auscultation standing, supine, +/- Valsalva)<br>• Location of point of maximal impulse (PMI) | | |
| Pulses<br>• Simultaneous femoral and radial pulses | | |
| Lungs | | |
| Abdomen | | |
| Genitourinary (males only)[b] | | |
| Skin<br>• HSV, lesions suggestive of MRSA, tinea corporis | | |
| Neurologic[c] | | |
| **MUSCULOSKELETAL** | | |
| Neck | | |
| Back | | |
| Shoulder/arm | | |
| Elbow/forearm | | |
| Wrist/hand/fingers | | |
| Hip/thigh | | |
| Knee | | |
| Leg/ankle | | |
| Foot/toes | | |
| Functional<br>• Duck-walk, single leg hop | | |

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete had been cleared for participation, the physician may rescind the clearance until the problem is resolve and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

# Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

Name (please print) _____

As a parent or legal guardian of the above named student-athlete. I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of Athlete _____ _____
Date

Signature of Parent/Guardian _____ _____
Date

# KCSD School Sports Health Form | Forma De Salud Para Deportes Escolares De KCSD

## Emergency Contact Information – Información De Contactos De Emergencia

*Please Print | Escriba con letra de molde*

Athlete's Name | Nombre del Atleta: _____ School Year | Año Escolar: _____

Sex | Sexo: _____ Age | Edad: _____ Date of Birth | Fecha de nacimiento: _____ Grade | Grado: _____

Mailing Address | Direccion: _____City | Ciudad: _____ Zip | Codigo Postal: _____

Mother's Name | Nombre de la Mama: _____

Phone | Teléfono: _____ Cell/Business | Telefono celular o trabajo: _____

Email | Correo electrónico: _____

Father's Name | Nombre del Padre: _____

Phone | Teléfono: _____ Cell/Business | Telefono celular o trabajo: _____

Email | Correo electrónico: _____

**In an EMERGENCY if parents cannot be contacted notify | En CASO DE EMERGENCIA si los padres no están disponibles llamar a:**

Name | Nombre: _____ Relationship | Parentesco: _____

Phone | Teléfono: _____ Cell/Business | Telefono celular o trabajo: _____

Family Doctor | Medico Familiar: _____ Phone | Teléfono: _____

Family Dentist | Dentista Familiar: _____ Phone | Teléfono: _____

Preferred Hospital | Hospital de Preferencia: _____

## Health Insurance Information | Información De Seguro Medico

Do you have Medicaid | ¿Tiene Medicaid?: No | No: ☐ Yes | Si: ☐ Medicaid No. | Numero de Medicaid: _____

Do you have Health Insurance | ¿Tiene Seguro Médico?: No | No: ☐ Yes | Si: ☐

Name of Company | Nombre de la agencia de seguro: _____

Mailing Address | Correo: _____ Policy # | Póliza No.: _____

Insured's Name | Nombre del Asegurado: _____ SS# | Seguro Social: _____

Kershaw County carries athletic accident insurance on all its athletes, intended to be an "excess" policy designed to pay secondarily to the athlete's primary health insurance. In the event of injury, while participating as a part of a SCHSL sanctioned sports team representing a KCSD School, the athlete should seek the attention of the sports medicine staff as soon as possible. The head athletic trainer will fill out the top portion of the insurance claim form (AKA Notification of Injury Form). The parent/guardian should complete the claim form, follow the attached directions, and mail the completed form to the insurance company.

***Please note the claim must be filled within 90 days of the injury.***

I understand this information and will notify the head athletic trainer prior to the doctor's appointment if I require a claim form for an injury that meets the above requirements.

El Condado de Kershaw posee seguro médico para accidentes atléticos en todos sus atletas como una cobertura "extra" diseñada como pago secundario a la póliza primaria del atleta. En el evento de lesión al participar como parte de SCHSL, equipos deportivos sancionados representando una escuela de KCSD, el atleta debe buscar la atención del personal medico deportivo lo más pronto posible. El entrenador completara la parte superior del seguro medico (Notificación de Lesión). El Padre / tutor debe completar el reclamo según las instrucciones y enviar las formas completas a la compañía de seguro.

**** El reclamo debe de hacerse dentro de 90 días después de la lesión.***

Yo entiendo esta información y notificare al entrenador antes de una cita con el medico si requiero de una forma de reclamo por una lesión ocurrida dentro de lo estipulado arriba.

Parent's signature | Firma del Padre: _____ Date | Fecha: _____

## Consent for Medical Treatment/Release of Information | Autorizacion Para Tratamiento Medico /Divulgación De Información

I/We give consent for certified athletic trainers, coaches, and physicians to use their own judgment in securing medical aid and ambulance service in the case the parents/guardians cannot be reached. In the event of an accident requiring immediate medical attention, I herby grant permission to physicians, certified athletic trainers, and/or appropriate healthcare professionals to attend to my son/daughter. It is understood that the school cannot be held responsible for any medical bills incurred because of illness or injury. Furthermore, I/We give permission for our son/ daughter to be evaluated and treated by the school's certified athletic training staff and/or team physicians if he/she becomes injured while participating as an athlete at a KCSD school during the school year. I/We also authorize the school's sports medicine staff to be given medical information concerning my son/daughter by a physician or their staff. Likewise, the school's sports medicine staff may release medical information to physician's offices, coaching staff, nurses, administrators and faculty at the student's home school as they see appropriate. I also commit to reporting ALL injuries to the Sports Medicine Staff, including but not limited to any symptoms related to a concussion. I also understand that the sports medicine staff will follow a return to play protocol for all injuries.

Yo / nosotros damos consentimiento a entrenadores atléticos certificados y médicos a usar su propio juicio asegurando ayuda medica y servicios de ambulancia en caso de que los padres/tutores no sean localizados. En el evento de un accidente requiriendo atención médica inmediata, yo otorgo permiso a médicos, entrenadores certificados y/o profesionales de la salud a atender a mi hijo/a. Entiendo que la escuela no puede ser responsable por los gastos medico por causa de enfermedad o lesión. Además, Yo/ Nosotros autorizamos a que nuestro/a hijo/a sea evaluado y tratado por personal de entrenamiento certificado y/o equipo médico si el/la se lesiona al participar como un atleta en una escuela de KCSD durante el año escolar. Yo / Nosotros también autorizamos a que el personal medico de deporte escolar reciban información del médico o sus empleados de mi hijo/a. De igual forma el personal medico escolar puede dar información medica a oficinas medicas, entrenadores, enfermeras, administradores y facultado en la escuela local si lo consideran apropiado. Me comprometo a reportar TODAS las lesiones al personal medico deportivo incluyendo pero no limitado a síntomas relacionados con una concusión. Entiendo que el personal medico deportivo sigue un protocolo para regresar a jugar en caso de lesions.

## Consent to Participate in Athletic and Risk Waiver | Autorización Para Participar en Deportes Y Liberación De Riesgo

As the parent or legal guardian of the above named student-athlete, I give my permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular healthcare. I grant permission to nurses, certified athletic trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means.

Como padre o tutor del estudiante - atleta arriba mencionado yo doy mi autorización su participación en eventos deportivos y evaluación física para esa participación. Yo entiendo que esto es un examen simple y no substituye un examen medico regular. Yo otorgo autorización a enfermeras, entrenadores deportivos certificados así como médicos o aquellos bajo su supervisión que son parte de la prevención de lesiones deportivas, a tener acceso a información medica necesaria. Entiendo que existe riesgo de lesiones de mi hijo/a al participar en deportes y viajes a y de regreso y prácticas. He tenido la oportunidad de entender el riesgo de lesiones durante la participación en deportes a través de reuniones, información escrito u otros medios.

Student's signature | Firma del estudiante: _____ Date | Fecha: _____

Parent's signature | Firma del Padre: _____ Date | Fecha: _____

# Student–Athlete & Parent/Legal Custodian Concussion Statement | Declaracion de Concussion para Estudiante -Atleta & Padre-Tutor

** If there is anything on this sheet that you do not understand please ask an adult to explain or read it to you. | Si hay algo en esta forma que tu no entiendes, pide a un adulto que te lo explique o lo lea.*

Athlete's Name | Nombre del Estudiante-Atleta: _____

*This form must be completed for each student-athlete even if there are multiple student-athletes in each household. | Esta forma debe ser completada para cada uno de los estudiantes -atletas aun si hay varios estudiantes-atletas en el hogar.*

Parent/Legal Custodian name | Nombre del Padre/Tutor: _____

☐ Yes (*If true please check box)* | Si -*(Si es afirmativo por favor marque en el cuadro.)*

We have read the Student-Athlete & Parent/Legal custodian Concussion Information Sheet. After Reading the information sheet, I am aware of the following information:

Hemos leído la Forma de Información de Concusión para el Estudiante-atleta & Padre/Tutor. Después de leer la forma de informacion Yo estoy consciente de la siguiente información:

| Student-Athlete Initials \| Iniciales del Estudiante-Atleta | | Parent/Legal Custodian Initials \| Iniciales del Padre/Tutor | |
|---|---|---|---|
| | A concussion is a brain injury, which should be reported to my parents, my coach(es), athletic trainer, or a medical professional if one is available. | Una concusión es una lesión cerebral que debe ser reportada a mis padres, mi entrenador (atlético o un profesional médico si está disponible. | |
| | A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance. | Una concusión puede afectar la habilidad de realiazar funciones diarias como la habilidad de pensar, balance y desarrollo en el salón de clase | |
| | A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury. | Una concusión "no se puede ver". Algunos síntomas se presentan inmediatamente. Otros síntomas pueden aparecer horas o días después de la lesión. | |
| | I will tell my parents, my coach, athletic trainer, and/or a medical professional about my injuries and illnesses. | Yo notificare a mis padres, entrenador atlético y/o profesional medico de mis lesiones o enfermedades. | N/A |
| | If I think a teammate has a concussion, I should tell my coach(es), parents, athletic trainer or medical professional about the concussion. | Si yo pienso que un compañero de equipo tiene una concusión, yo avisare al entrenador, loso padres, entrenador atlético o profesional médico de la concusión | N/A |
| | I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms. | Yo no regresare a jugar en el partido o practica si un golpe en mi cabeza o cuerpo causa síntomas relacionado con concusión. | N/A |
| | I will/my child will need written permission from a physician to return to play or practice after a concussion. | Yo /mi hijo necesitara permiso escrito de un medico para regresar a jugar o practicar después de una concusión. | |
| | Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation. | Según información reciente, la mayoría de las concusiones toman días o semanas para mejorar. Una concusión no desparece inmediatamente. Entiendo que la recuperación de esta lesión es un proceso y puede requerir mas de una evaluación médica. | |
| | I realize that ER/Urgent Care physicians will not provide clearance for return to play from this injury. | Yo entiendo que un Centro de Emergencias no dara autorización para regresar a jugar después de una lesión. | |
| | After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away. | Despues de una concusion el cerebro necesita sanar. Yo entiendo que yo/mi hijo, puede sufrir otra concusión o daño cerebral más serio si regresa a jugar o practica antes de que los síntomas de concusión desaparezcan. | |
| | Sometimes, repeat concussions can cause serious and long-lasting problems. | Algunas veces concusiones repetidas pueden tener problemas serios a largo plazo | |
| | I understand that I will have to complete a graduated return to play and have written permission from a physician before I will be able to return to my sport per the school's concussion management policy. | Yo entiendo que debo completar mi recuperación para jugar t debo tener un permiso por escrito de un medico antes de poder regresar a mi deporte según el reglamento escolar de supervisión de concusiones | |
| | I have read the concussion symptoms on the Concussion Information Sheet. | Yo he leído la información de los síntomas de concusiones en la hoja de información. | |

Student's signature | Firma del Estudiante: _____ Date | Fecha: _____

Parent's signature | Firma del Padre: _____ Date | Fecha: _____

# Concussion | Concusiones

## Information for Student – Athletes & Parents / Legal Custodians | Información Para Estudiantes – Atletas & Padres/ Tutores

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

¿Qué es una concusión? Una concusión es una lesión al cerebro causado por un golpe directo o indirecto a la cabeza. Como resultado su cerebro no funciona como es debido. Puede o no causar que pierdas la noción o el conocimiento. Le puede ocurrir en una caída, golpe a la cabeza, o golpe corporal que causa que su cabeza o cerebro se sacudan bruscamente.

¿Cómo se si tengo una concusión? Hay muchos signos y síntomas que puede tener al sufrir una concusión. Una concusión puede afectar su razonamiento, como se siente su cuerpo, su estado de ánimo, su dormir. A continuación, vea la guía de lo que se debe observar:

| Thinking/Remembering | Physical | Emotional/Mood | Sleep |
|---|---|---|---|
| Difficulty thinking clearly<br>Taking longer to figure things out<br>Difficulty concentrating<br>Difficulty remembering new information | Headache<br>Fuzzy or blurry vision<br>Feeling sick to your stomach/queasy<br>Vomiting/throwing up<br>Dizziness<br>Balance problems<br>Sensitivity to noise or light | Irritability-things bother you more easily<br>Sadness<br>Being more moody<br>Feeling nervous or worried<br>Crying more | Sleeping more than usual<br>Sleeping less than usual<br>Trouble falling asleep<br>Feeling tired |
| **Razonamiento/Memoria** | **Físico** | **Estado Emocional /Temperamento** | **Dormir** |
| Dificultad de razonar con claridad<br>Tiempo prolongado para resolver algo<br>Dificultad de concentración.<br>Dificultad de recordar información reciente | Dolor de cabeza<br>Vision borrosa<br>Molestias estomacales/nauseas<br>Vomito<br>Mareos<br>Problemas de equilibrio<br>Sensible al ruido o luz | Irritable- todo le melesta facilmente<br>Deprimido<br>Mal humorado<br>Nervioso o preocupado<br>Llorar con frecuencia | Dormir más de lo usual<br>Dormir menos de lo usual<br>Dificultad para dormir<br>Cansancio |

Table is adapted from the Centers for Disease Control and Prevention | Tabla ha sido adaptada del Centro de Control y Prevencion de Enfermedades ( www.cdc.gov/concussion )

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

¿Qué debo hacer si creo que tengo una concusión? Si tienes uno de los signos o síntomas indicados arriba debes de avisar a tus padres, entrenador atlético o enfermera escolar para que te den la ayuda necesaria. Si un padre observa estos síntomas deben de informar a la enfermera escolar o entrenador atlético.

¿Cuándo me debo de preocupar? Si tienes un dolor de cabeza que empeora y molestias estomacales; no pueden controlar tu cuerpo, vomito repetido o mucha nausea; tus palabras suenan chistoso o gangoso; debes avisar a un adulto: tus padres, entrenador o maestro inmediatamente para que te den la ayuda necesaria antes de que las cosas empeoren.

¿Cuáles son algunos de los problemas que me afectarían después de una concusión? Puedes tener problemas en algunas de tus clases o aun con actividades en casa. Si continúas jugando o regresas a jugar muy pronto después de una concusión puedes tener problemas a largo plazo de memoria o atención, dolores de cabeza prolongados o pueden ocurrir cambios de personalidad. Una vez que has sufrido una concusión, puedes sufrir otra concusión fácilmente.

¿Como se cuando puedo empezar actividad física y mi deporte después de una concusión? Después de avisar a tu entrenador, tus padres y personal medico de que has tenido una concusión, probablemente serás examinado por un doctor entrenado para ayudar a personas con concusiones. Tu escuela y tus padres pueden ayudar a decidir quien es el mejor para ayudarte y ayudarte a decidir cuando debes regresar a tu actividad / jugar o práctica. Tu escuela tendrá un reglamento sobre como proceder con concusiones. Tu no debes regresar a jugar o practica el mismo día que suspechas de una concusión.

| | |
|---|---|
| You should not have any symptoms at rest or during/after activity when you return to playrom the injury. | Tu no debes tener ningún síntoma en reposo, durante/despues de actividad al regresar a jugar lo cual indica que tu cerebro no se ha recuperado de la lesión. |