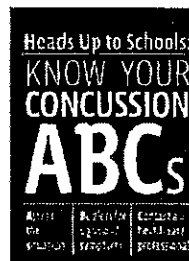


Concussion Signs and Symptoms Checklist



Student's Name: _____ Student's Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* _____

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* _____

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

Students who experience *one or more* of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion.
Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: www.cdc.gov/Concussion.

| OBSERVED SIGNS | 0 MINUTES | 15 MINUTES | 30 MINUTES | <input type="checkbox"/> MINUTES Just prior to leaving |
|--|--------------|---------------|---------------|---|
| Appears dazed or stunned | | | | |
| Is confused about events | | | | |
| Repeats questions | | | | |
| Answers questions slowly | | | | |
| Can't recall events <i>prior</i> to the hit, bump, or fall | | | | |
| Can't recall events <i>after</i> the hit, bump, or fall | | | | |
| Loses consciousness (even briefly) | | | | |
| Shows behavior or personality changes | | | | |
| Forgets class schedule or assignments | | | | |
| PHYSICAL SYMPTOMS | | | | |
| Headache or "pressure" in head | | | | |
| Nausea or vomiting | | | | |
| Balance problems or dizziness | | | | |
| Fatigue or feeling tired | | | | |
| Blurry or double vision | | | | |
| Sensitivity to light | | | | |
| Sensitivity to noise | | | | |
| Numbness or tingling | | | | |
| Does not "feel right" | | | | |
| COGNITIVE SYMPTOMS | | | | |
| Difficulty thinking clearly | | | | |
| Difficulty concentrating | | | | |
| Difficulty remembering | | | | |
| Feeling more slowed down | | | | |
| Feeling sluggish, hazy, foggy, or groggy | | | | |
| EMOTIONAL SYMPTOMS | | | | |
| Irritable | | | | |
| Sad | | | | |
| More emotional than usual | | | | |
| Nervous | | | | |

Danger Signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information About This Checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the student's parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: www.cdc.gov/Concussion.

Resolution of Injury:

- Student returned to class
- Student sent home
- Student referred to health care professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:

* For more information on concussion and to order additional materials for school professionals FREE-OF-CHARGE, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



TENNESSEE PROTOCOL FOR RESPONSE OF SCHOOLS/COMMUNITY-BASED YOUTH ATHLETIC ORGANIZATION REPRESENTATIVES IF PLAYERS EXHIBIT SIGNS, SYMPTOMS OR BEHAVIORS CONSISTENT WITH A CONCUSSION DURING PRACTICE OR COMPETITION

1. Coaches (employed or volunteer) and other persons in roles of authority shall remove any player that shows signs, symptoms or behaviors consistent with a concussion from the activity or competition.
2. The school/community-based youth athletic organization shall have the player examined by the school/community-based youth athletic organization's designated health care professional. If the designated health care professional determines that the student has not sustained a concussion, the player may return to the activity or competition.
3. The head coach shall be responsible for obtaining clearance from the school/ community-based youth athletic organization's designated health care professional.
4. If the school/community-based youth athletic organization does not have access to a designated health care-professional or if the school/community-based youth athletic organization's designated health care professional suspects that the athlete may have sustained a concussion, the only means for an athlete to return to practice or play is complete an evaluation by a licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training and present a signed "Concussion Return to Play" (RTP) clearance. Schools/community-based youth athletic organizations must keep this form on file for a period of three years.

Designated health care professionals – certified athletic trainer, licensed nurse practitioner, physician's assistant, medical doctor or osteopathic physician