

CONCUSSION CHECKLIST

North Syracuse Central School District

Name: _____ Age: _____ Grade: _____ Sport: _____

Date of Injury: _____ Time of Injury: _____

On Site Evaluation

Description of Injury: _____

Has the athlete ever had a concussion?	Yes	No	
Was there a loss of consciousness?	Yes	No	Unclear
Does he/she remember the injury?	Yes	No	Unclear
Does he/she have confusion after the injury?	Yes	No	Unclear

Symptoms observed and reported at time of injury:

Dizziness	Yes	No	Headache	Yes	No
Ringin g in Ears	Yes	No	Nausea/Vomiting	Yes	No
Drowsy/Sleepy	Yes	No	Fatigue/Low Energy	Yes	No
“Don’t Feel Right”	Yes	No	Feeling “Dazed”	Yes	No
Seizure	Yes	No	Poor Balance/Coord.	Yes	No
Memory Problems	Yes	No	Loss of Orientation	Yes	No
Blurred Vision	Yes	No	Sensitivity to Light	Yes	No
Vacant Stare/ Glassy Eyed	Yes	No	Sensitivity to Noise	Yes	No

* Please circle yes or no for each symptom listed above.

Other Findings/Comments: _____

Final Action Taken: _____ Parents Notified _____ Sent to Hospital _____

Evaluator’s Signature: _____ Title: _____

Address: _____ Date: _____ Phone No.: _____

Initial Physician Evaluation

Date of Initial Evaluation: _____ Time of Evaluation: _____

Symptoms Observed and Reported:

Dizziness	Yes	No	Headache	Yes	No
Tinnitus	Yes	No	Nausea	Yes	No
Drowsy/Sleepy	Yes	No	Fatigue	Yes	No
“Don’t Feel Right”	Yes	No	Feeling “Dazed”	Yes	No
Sensitivity to Light	Yes	No	Sensitivity to Noise	Yes	No
Ante Grade Amnesia	Yes	No	Retro Grade Amnesia	Yes	No

Did the athlete sustain a concussion? (Yes or No) (one or the other must be circled)

** Post-dated releases will not be accepted. The athlete must be seen and released on the same day.

Additional Findings/Comments: _____

Recommendations/Limitations: _____

Print Name: _____

Signature: _____ Date: _____

Second Physician Evaluation

Date of Second Evaluation: _____ Time of Evaluation: _____

Symptoms Observed and Reported:

Dizziness	Yes	No	Headache	Yes	No
Tinnitus	Yes	No	Nausea	Yes	No
Drowsy/Sleepy	Yes	No	Fatigue	Yes	No
“Don’t Feel Right”	Yes	No	Feeling “Dazed”	Yes	No
Sensitivity to Light	Yes	No	Sensitivity to Noise	Yes	No
Ante Grade Amnesia	Yes	No	Retro Grade Amnesia	Yes	No

*** Athlete must be symptom free for seven consecutive days in order to begin the return to play progression.

Please check one of the following:

- Athlete is asymptomatic and is ready to begin the return to play progression.
- Athlete is still symptomatic. Must be referred to a concussion specialist/clinic.

Print Name: _____

Signature: _____ Date: _____

Return to play Protocol following a concussion.

The following protocol has been established in accordance to the National Federation of State High School Associations and the International Conference on Concussion in Sport, Prague 2004.

When an athlete shows **ANY** signs or symptoms of a concussion:

1. The athlete will not be allowed to return to play in the current game or practice.
2. The athlete should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.
3. The athlete should be medically evaluated following the injury.
4. Return to play must follow a medically supervised stepwise process.

The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to sport. The program is broken down into six steps in which only one step is covered a day. The six steps involve the following:

1. No activity, complete rest until asymptomatic for seven consecutive days.
2. Light aerobic exercise such as walking or stationary bike, etc. No resistance training.
3. Sport specific exercise such as skating, running, etc. Progressive addition of resistance training may begin.
4. Non-contact training/skill drills.
5. Full contact training in practice setting.
6. Return to competition

If any concussion symptoms recur, the athlete should drop back to the previous level and try to progress after 24 hours of rest.

The student-athlete should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on a computer, or taking a test.

