

Concussion Checklist
Signs and Symptoms Evaluation Form
Burriss Laboratory School

Student: _____ Date/Time of injury: _____

Where and How injury occurred: _____

Description of injury: _____

Observed Signs	0 Minutes	15 Minutes	30 Minutes	__ Minutes
Appears dazed/stunned				
Is Confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events prior to hit, bump, fall				
Can't recall events after 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 slowed down				
Feeling sluggish, hazy, foggy or groggy				
Emotional Symptoms				
Irritable				
Sad				
More emotional than usual				
Nervous				

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Check all positive findings

Signs reported by coaching staff		Symptoms reported by athlete	
<input type="checkbox"/>	Appears dazed or stunned	<input type="checkbox"/>	Headache
<input type="checkbox"/>	Is confused about assignment	<input type="checkbox"/>	Nausea
<input type="checkbox"/>	Forgets plays	<input type="checkbox"/>	Balance problems or dizziness
<input type="checkbox"/>	I unsure of game, score, or opponent	<input type="checkbox"/>	Double or fuzzy vision
<input type="checkbox"/>	Moves clumsily	<input type="checkbox"/>	Sensitivity to light or noise
<input type="checkbox"/>	Answers questions slowly	<input type="checkbox"/>	Feeling sluggish
<input type="checkbox"/>	Loses consciousness even briefly	<input type="checkbox"/>	Feeling foggy
<input type="checkbox"/>	Shows behavior or personality change	<input type="checkbox"/>	Change in sleep pattern
<input type="checkbox"/>	Forgets events prior to hit (retrograde)	<input type="checkbox"/>	Concentration or memory problems
<input type="checkbox"/>	Forgets events after hit (anterograde)	<input type="checkbox"/>	

On-Field Cognitive Testing

Orientation: Ask the athlete the following questions			
<input type="checkbox"/>	What stadium/building is this?	<input type="checkbox"/>	What month is it?
<input type="checkbox"/>	What city is this?	<input type="checkbox"/>	What day is it?
<input type="checkbox"/>	Who is the opposing team?	<input type="checkbox"/>	

Anterograde Amnesia: Ask the athlete to repeat the following words.

_____ Girl, Dog, Green

Retrograde Amnesia: Ask the athlete the following questions.			
<input type="checkbox"/>	What happened prior to the quarter/period?	<input type="checkbox"/>	What was the score to the game prior to the hit?
<input type="checkbox"/>	What do you remember prior to the hit?	<input type="checkbox"/>	Do you remember the hit?

Concentration: Ask the athlete to do the following.

_____ Repeat the days of the week backward (starting with today)

_____ Repeat these numbers backwards. 63 (36 is correct) 419 (914 is correct)

Word list Memory: Ask the athlete to repeat the three words from earlier

_____ Girl, Dog, Green

Neurological Testing:

_____ Speech: Slurring of words

_____ Arm drift: Ask athlete to stand with arms out in front and parallel to the floor palms down. Then ask athlete to close eyes while in this position. Does one arm drift out of position? Any change is abnormal

Any failure should be considered abnormal. Parent should be referred to take student for evaluation. All play should be suspended until athlete cleared by physician.

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Danger Signs:

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

- One pupil (black part of the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that get 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

Resolution of injury:

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

Comments:

Signature of school professional completing this form: _____

Title: _____