



## SIDELINE CONCUSSION EVALUATION FORM

STUDENT'S NAME \_\_\_\_\_

AGE/GRADE \_\_\_\_\_

DATE/TIME OF INJURY \_\_\_\_\_

TIME PARENTS NOTIFIED \_\_\_\_\_

SPORT/ACTIVITY \_\_\_\_\_

WITNESSED BY \_\_\_\_\_

EVALUATION COMPLETED BY (Name/Title/Number) \_\_\_\_\_

### INJURY DESCRIPTION

- ☐ Direct blow to head
- ☐ Blow to body with head whip/jerk
- ☐ Fall
- ☐ Other: \_\_\_\_\_

### LOCATION OF IMPACT

- ☐ Front
- ☐ Back
- ☐ Right side
- ☐ Left side

### EMERGENCY SYMPTOMS: **CALL 911** (if any symptoms are present)

- ☐ Loss of consciousness (any duration)
- ☐ Seizure/convulsions
- ☐ Repeated vomiting or nausea
- ☐ Severe or worsening headache
- ☐ Unequal, unreactive, or unusually dilated pupils, changes in pupil shape or size, or double vision
- ☐ Slurred speech or inability to speak clearly
- ☐ Weakness/numbness/difficulty moving arms or legs
- ☐ Deteriorating level of consciousness
- ☐ Increasing confusion, agitation, or unusual behavior
- ☐ Difficulty recognizing people or places
- ☐ Abnormal posturing at the time of injury
- ☐ Increase/decrease/irregular blood pressure, respirations, or pulse

**MONITORING SYMPTOMS:** Have the student rate each symptom on a 0-3 scale, where "0" means none and "3" means severe, at the specified time intervals. The evaluator asks the first two questions; then, the student must perform the third and fourth actions. **IF A STUDENT REPORTS ONE OR MORE SYMPTOMS, THEY SHOULD BE KEPT OUT OF PLAY UNTIL EVALUATED BY A MD.**

SYMPTOM	IMMEDIATELY	15 MINUTES AFTER	30 MINUTES AFTER
Trouble recalling date/location			
Trouble remembering injury			
Trouble standing on one foot			
Trouble with heel-to-toe walking			
Headache			
Dizziness			
Vision changes			
Light sensitivity			
Noise sensitivity			
Neck pain			
Feeling distracted			
Fatigue			
Tingling/loss of movement			
Foggy/cloudy/out of it			
Upset/emotional			

### ACTION

- ☐ Removed from play
- ☐ EMS notified
- ☐ Parents notified
- ☐ Sent home with parent/guardian
- ☐ Transported to ER
- ☐ Referred to a physician
- ☐ Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional medical evaluation is recommended when any of the symptoms are present after 30 minutes.**