Concussion Signs and Symptoms CHECKLIST Athlete Name: ____ DOB: ____ Date/Time of Injury: (Include information about loss of consciousness, memory loss, seizures, previous concussions.) _____ PROJECT EDUCATE = TEST = PROTECT

Directions: Use this checklist to monitor students who come to your office with a suspected head injury. Athlete should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student arrives at your office, 15, and at 30 minutes. Evaluate all signs and symptoms, ranking each on a scale of 0-6. Continue testing every 2-3 days if symptoms do not resolve.

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.

Danger Signs:

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

- On pupil lager than the other
- Drowsiness or cannot be awakened
- Headache that gets worse
- Weakness or numbness
- Repeated vomiting
- Slurred speech
- Convulsions/seizures
- Increasing confusion
- Unusual behavior
- Loss of consciousness

Score according to Severity 0 1 2 3 4 5 6						
	0	15	30			
Observed/Reported	Minutes	Minutes	Minutes	Minutes,	Minutes,	Minutes,
Signs				Hours,	Hours,	Hours,
				Days	Days	Days
Physical symptoms						
Headache						
Nausea						
Fatigue						
Visual problems						
Balance Promlems						
Sensitivity to light						
Sensitivity to noise						
Numbness/Tingling						
Vomiting						
Dizziness						
Cognative						
Feeling mentally foggy						
Problems concentrarting						
Problems remembering						
Feeling slowed down						
Emotional						
Irritablitiy						
Sadness						
Feeling more emotional						
Nervousness						
Sleep						
Drowsiness						
Sleeping more than usual						
Sleeping less than usual						
Trouble falling asleep						