SUSPECTED CONCUSSION REPORT

Name:	Date of Birth: Day: Month: Year:
Date and Time of Injury: Day: Month: Year: Time:	Game/ Practice Location of Injury:
Position Played at Time of Injury: Defense ☐ Midfield ☐ Forward ☐ Keeper ☐	
Injury Description: Player to Player Contact ☐ Ball to Player Contact ☐ Fall to Ground ☐ Other ☐	

Reported Observations/ Symptoms ***(Check all that apply)***

☐ Headache	☐ Feeling Mentally Foggy	☐ Sensitive to Light	☐ Nausea
☐ Feeling Slowed Down	☐ Sensitive to Noise	☐ Dizziness	☐ Difficulty Concentrating
☐ Irritability	☐ Vomiting	☐ Difficulty Remembering	☐ Sadness
☐ Visual Problems	☐ Drowsiness	☐ Nervous/ Anxious	☐ Balance Problems
☐ Sleeping/ More/ Less than Usual	☐ More Emotional	☐ Numbness/ Tingling	☐ Fatigue

Red Flag Observations/ Symptoms ***(Check all that apply) Call 911 with the immediate onset of any of these observations/ symptoms.***

☐ Severe/ Rapid Increase Headache	☐ Neck Pain/ Tenderness	☐ Seizure/ Convulsions	☐ Double-Vision
☐ Loss of Consciousness	☐ Repeated Vomiting	☐ Deteriorating Conscious State	☐ Tingling in Arms/ Legs
☐ Weakness in Arms/ Legs	☐ Burning in Arms/ Legs	☐ Combative	☐ Increased Agitation

Are there any other reportable observations/ symptoms? Yes ☐ No ☐ If so, please describe:
Is there evidence of injury to anywhere else on the body other than the head? Yes ☐ No ☐ If so, please describe:
Has this player had any concussions before this incident? Yes ☐ No ☐ Do Not Know ☐ If yes, how many:
Does this player have any pre-existing medical conditions? Yes ☐ No ☐ Do Not Know ☐ If yes, please list:
Does this player take any medication? Yes ☐ No ☐ Do Not Know ☐ If yes, please list:

Based on the details noted in this report, I recommend to the player's parent/ guardian that they seek a formal medical assessment of the player to determine the degree of injury sustained in the activity noted above. This is in support of protecting the health and safety of the player and to ensure that the player is either cleared to resume soccer activities or is to be placed on a ***"Return-to-Play"*** program allowing time to gradually resume full soccer activities.

Date:	Name:	Role:
Contact Number:	Email:	Signature

PLEASE NOTE: *This form is to be completed by the head coach in the event of a suspected concussion in a soccer game, practice, or team activity. Once complete, give one copy of this report to parent/ guardian and the other to your Association designate. Parents/ guardians must take this form to medical appointment with medical doctor or nurse practitioner with the recommended* ***Canada Soccer Concussion Assessment Medical Form****. This report form is aligned with best-practice guidelines and a tool to be used to support the remove, refer, and report sections of the* ***Canada Soccer Concussion Policy and Big Country Soccer Association's Return to Play Policy (Ref: BCSA-POL-013).***

CONCUSSION RECOGNITION TOOL 5©

To help identify concussion in children, adolescents and adults

Supported by

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- **Neck pain or tenderness**
- **Double vision**
- **Weakness or tingling/ burning in arms or legs**
- **Severe or increasing headache**
- **Seizure or convulsion**
- **Loss of consciousness**
- **Deteriorating conscious state**
- **Vomiting**
- **Increasingly restless, agitated or combative**

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

© Concussion in Sport Group 2017