PERSONAL CONCUSSION RECORD FOR PLAYERS

It is important to keep a record of specific information pertaining to a player's suspected or diagnosed concussion. This information provides an overall picture of what the player is experiencing/has experienced and the steps taken when managing and treating their concussion symptoms. The following document is not a legal medical document and as such should be used solely as a tool for players and parents/caregivers to use and refer to throughout the Return-to-School/Work and Return-to-Sport period and in the future. Using the Personal Concussion Record for Players is highly recommended and a simple method to ensure that the same information is provided to the player's doctor, coaches, trainers, teachers and other support staff.

Water Polo Canada acknowledges that the information found within this guide was developed by Parachute and has been adapted by Water Polo Canada with permission.

PERSONAL CONCUSSION RECORD FOR PLAYERS

ATHLETE INFORMATION

First and Last Name: _____

Age: _____

CONCUSSION INFORMATION

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Description of Incident:

Did the athlete exhibit any Red Flags? If yes, which one(s)?

_____

List of Signs and Symptoms	Initial Incident	After 24-48 Hours of Rest	Before seeing the doctor	Return-to-School/Work STAGE #1	#2	#3	#4	Return-to-Sport STAGE #1	#2	#3	#4	#5	#6
Headaches or head pressure	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dizziness	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nausea and vomiting	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Blurred or fuzzy vision	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sensitivity to light	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sensitivity to sound	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Balance problems	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Feeling tired or having no energy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Not thinking clearly	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Feeling slowed down	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Easily upset or angered	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sadness	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nervousness or anxiety	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Feeling more emotional	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sleeping more or sleeping less	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Having a hard time falling asleep	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Difficulty working on a computer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Difficulty reading	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Difficulty learning new information	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lying motionless on the playing surface	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Slow to get up after a direct or indirect hit to the head	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Disorientation or confusion or inability to respond appropriately to questions	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Blank or vacant stare	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Balance and gait difficulties, poor co-ordination, stumbling, slow laboured movements	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Facial injury after head trauma	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Clutching head	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Has the player suffered from a prior concussion? If yes, how many?

Was neuropsychological testing performed? If yes, where and by whom?

Was a CT or MRI performed? If yes, where?

What is the name and address of the physician who was most involved?

Return-to-School/Work Strategy:

Start Date: _____

End Date: _____

Return-to-Sport Strategy:

Start Date: _____

End Date: _____

Date that the coach received the signed Medical Clearance Letter:

Comments/Notes: