

# 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 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 athlete's doctor, coaches, teachers and other support staff.

# 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)?

\_\_\_\_\_



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

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

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

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

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**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:

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**Comments/Notes:**