

Concussion Signs and Symptoms Checklist

Student's Name: _____

Student's Grade: _____

Date/Time of Injury: _____

Where and How Injury Occurred : (*Be sure to include cause and force of the hit or blow to the head.*)

Description of Injury: (*Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.*)

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

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. For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

SIGNS AND SYMPTOMS

- _____ Is confused about events
- _____ Repeats questions
- _____ Answers questions slowly
- _____ Can't recall events *prior* to the hit, bump, or fall
- _____ Can't recall events *after* the hit, bump, or fall
- _____ Loses consciousness (even briefly)
- _____ Shows behavior or personality changes
- _____ Forgets class schedule or assignments

PHYSICAL SYMPTOMS

- _____ Headache or "pressure" in head
- _____ Nausea or vomiting
- _____ Balance problems or dizziness
- _____ Fatigue or feeling tired
- _____ Blurry or double vision
- _____ Sensitivity to light
- _____ Sensitivity to noise

_____ Numbness or tingling

_____ Does not "feel right"

COGNITIVE SYMPTOMS

_____ Difficulty thinking clearly

_____ Difficulty concentrating

_____ Difficulty remembering

_____ Feeling more slowed down

_____ Feeling sluggish, hazy, foggy, or groggy

EMOTIONAL SYMPTOMS

_____ Irritable

_____ Sad

_____ More emotional than usual

Additional Information about This Checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the student's parent(s) or guardian(s).

Resolution of Injury:

_____ Student returned to class

_____ Student sent home

_____ Student referred to health care professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM:

TITLE: _____

COMMENTS: