

# MATCH DAY HEAD INJURY

## ASSESSMENT & REFERRAL FORM | AGES 12 & UNDER



### SIDELINE FORM

Examiner to complete on the day of suspected concussion

#### PLAYER DETAILS

NAME

CLUB

#### INCIDENT DETAILS

DATE  /  /

OCCURRED AT:

MATCH

TRAINING

OTHER

BRIEF DESCRIPTION

#### IDENTIFICATION OF RED FLAGS

(tick all those that apply)

Loss of consciousness

Seizure or convulsions

Deterioration of conscious state

Persistent or increasing vomiting

Double vision

Severe or increasing headache

Increasing restlessness, agitation,  
or combative behaviour

Neck pain

Weakness or tingling/burning  
in the arms or legs

**If any of these boxes are ticked,  
the player needs urgent  
transportation to a hospital.**



#### FEATURES OF A SUSPECTED CONCUSSION

(tick all those that apply)

Loss of responsiveness

Motor incoordination (losing balance, staggering, etc)

Confused/disorientation (not aware of plays or events)

Impaired memory (unable to recall events before or  
after the injury)

Looking/feeling dazed, blank or vacant

Player reporting symptoms:

a. 'don't feel right'

b. more emotional than usual – sad, nervous or anxious

c. 'feel slowed down', confused or 'feeling foggy'

d. sensitivity to light or noise

The player isn't their normal self, or there's any  
other concern that they're not quite right:

Other (please list):

All players with a suspected concussion need to see  
a doctor as soon as practical for medical assessment,  
including confirmation of diagnosis.

**Players cannot return to play or full-contact  
training until they have been cleared by a doctor.**



EXAMINER NAME

SIGNATURE

ROLE AT CLUB



DATE  /  /

# MATCH DAY HEAD INJURY

## CHILD REPORT | AGES 12 & UNDER



### PLAYER FORM



To be completed on the day of suspected concussion

#### PLAYER DETAILS

NAME

AGE

CLUB

How many concussions has your child had in the past?

For their most recent concussion, how long was the recovery (time to being cleared to play)? (approximate number of weeks)

 WEEKS

When was the most recent concussion?

#### SYMPTOM EVALUATION

Ask the child to rate their symptoms based on how they are feeling now:

SYMPTOM	NOT AT ALL 0	A LITTLE 1	SOMETIMES 2	A LOT 3
I have headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like the room is spinning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I'm going to faint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Things are blurry when I look at them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see double	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sick to my stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get tired a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get tired easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble paying attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get distracted easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a hard time concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have problems remembering what people tell me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have problems following directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I daydream too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get confused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have problems finishing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble figuring things out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's hard for me to learn new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My neck hurts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do the symptoms get worse with physical activity? YES / NO

Do the symptoms get worse when trying to think? YES / NO

#### OVERALL RATING FOR CHILD TO ANSWER

VERY BAD

VERY GOOD

On a scale of 1 to 10 (where 10 is normal), how would you rate how you're feeling now?

1 2 3 4 5 6 7 8 9 10

         

If not 10, in what way do you feel different?

# MATCH DAY HEAD INJURY

## PARENT OR GUARDIAN REPORT | AGES 12 & UNDER



### SYMPTOM EVALUATION



To be completed by parent/guardian on the day of the suspected concussion

	NOT AT ALL	A LITTLE	SOMETIMES	A LOT
	0	1	2	3
has headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feels dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has a feeling that the room is spinning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feels faint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has blurred vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has double vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
experiences nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gets tired a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gets tired easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has trouble sustaining attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is distracted easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has problems remembering what he/she is told	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has difficulty following directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tends to daydream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gets confused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is forgetful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has difficulty completing tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has poor problem-solving skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has problems learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has a sore neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do the symptoms get worse with physical activity?  YES /  NO

Do the symptoms get worse when trying to think?  YES /  NO

### OVERALL RATING FOR PARENT/GUARDIAN

On a scale of 0-100% (where 100% is normal), how would you rate the child now?

 %

If not 100%, in what way does the child seem different?

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