

MATCH DAY HEAD INJURY

ASSESSMENT & REFERRAL FORM | AGES 13 & ABOVE



SIDELINE FORM



Examiner to complete on the day of suspected concussion

PLAYER DETAILS

NAME

CLUB

INCIDENT DETAILS

MATCH

TRAINING

OTHER

DATE

/ /

OCCURRED AT:



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

/ /

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PLAYER FORM

Player to complete on the day of suspected concussion

PLAYER DETAILS

NAME

AGE

CLUB

How many concussions have you had in the past?

For your 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?

SCORE YOURSELF ON THE FOLLOWING SYMPTOMS, BASED ON HOW YOU FEEL RIGHT NOW.

	NONE	1	2	3	4	5	6
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling pressure in head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea or vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blurred vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitivity to light	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitivity to noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling slowed down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling foggy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Don't feel right"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty remembering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue or low energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drowsiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More emotional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sadness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Please take a copy of this **PLAYER** form and the **SIDELINE** form with you when you visit the doctor.

DATE / /

PLAYER SIGNATURE

