

MATCH DAY HEAD INJURY

ASSESSMENT & REFERRAL FORM | AGES 13 & ABOVE



SIDELINE FORM (to be completed by the examiner (first aider/trainer) on the day of the suspected concussion)

PLAYER NAME	CLUB
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DETAILS OF INCIDENT

DATE

OCCURRED AT: **MATCH** **TRAINING** **OTHER**

BRIEF DESCRIPTION

1 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

ACTION: If any one of the boxes above is ticked, an ambulance should be called for immediate transportation to hospital.

2 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 'feel like in a fog'
 - d. Sensitivity to light or noise

The player is not their normal self, or there is any other concern that they are not quite right

Other (please list):

ACTION: for any suspected concussion, the player needs to see a doctor as soon as practical for assessment, including confirmation of the diagnosis. The player must not return to play or full contact training until they have been cleared by a doctor.

EXAMINER NAME	ROLE AT CLUB
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EXAMINER SIGNATURE	DATE
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PLAYER FORM (to be completed on the day of the suspected concussion)

PLAYER NAME	
CLUB	AGE
How many concussions have you had in the past?	
When was the most recent concussion?	
How long was the recovery (time to being cleared to play) for the most recent concussion? (approximate number of weeks)	

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

	NONE	1	MILD	2	3	MODERATE	4	5	SEVERE	6
Headache										
"Pressure in head"										
Neck Pain										
Nausea or vomiting										
Dizziness										
Blurred vision										
Balance problems										
Sensitivity to light										
Sensitivity to noise										
Feeling slowed down										
Feeling like "in a fog"										
"Don't feel right"										
Difficulty concentrating										
Difficulty remembering										
Fatigue or low energy										
Confusion										
Drowsiness										
Trouble falling asleep										
More emotional										
Irritability										
Sadness										
Nervous or Anxious										

PLAYER SIGNATURE	DATE
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(Please take a copy of both the sideline and player form with you to your visit to the doctor)