Concussion Symptom & Return-to-Play Log

Event: _____

Date: _____

When in doubt, sit them out. Any player with a suspected concussion must be removed from play and must not return the same day. This sheet records observations only and does not replace assessment by

PLAYER & INCIDENT

Player: _____ **Team:** _____ **Date:** _____

How it happened: _____ **Time:** _____

RED FLAGS: CALL EMERGENCY SERVICES

- ☐ Neck pain or tenderness
- ☐ Weakness or tingling in arms / legs
- ☐ Seizure
- ☐ Repeated vomiting
- ☐ Double vision
- ☐ Severe or worsening headache
- ☐ Loss of consciousness
- ☐ Increasingly restless or agitated

OBSERVED SYMPTOMS

- ☐ Headache
- ☐ Nausea
- ☐ Sensitivity to light / noise
- ☐ More emotional / irritable
- ☐ Dizziness
- ☐ Blurred vision
- ☐ Feeling slowed down
- ☐ Confusion
- ☐ Balance problems
- ☐ Memory problems

RETURN-TO-PLAY STAGES (ONLY WITH MEDICAL CLEARANCE)

STAGE	DATE STARTED	SYMPTOM FREE?	SIGNED OFF BY

MEDICAL CLEARANCE

Clinician: _____ **Date cleared:** _____

Coach: _____ **Parent / guardian:** _____ **Date:** _____