

Student Name \_\_\_\_\_ Date of Birth (dd / mm /yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ ID No. \_\_\_\_\_

Teacher \_\_\_\_\_ Class / Period \_\_\_\_\_

**Teacher Instructions:**

Please indicate which, if any, of the following signs and symptoms have been observed, or reported by the student, during your class or throughout the school day. This feedback will help us track their recovery and inform their progress.

**NOTE: This is not a diagnostic or clinical assessment of the student's condition or status.**

- |                                            |                                             |
|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Headache          | <input type="checkbox"/> Poor concentration |
| <input type="checkbox"/> Blurred vision    | <input type="checkbox"/> Easily distracted  |
| <input type="checkbox"/> Dizziness         | <input type="checkbox"/> Slowed speech      |
| <input type="checkbox"/> Fatigue           | <input type="checkbox"/> Easily confused    |
| <input type="checkbox"/> Poor balance      | <input type="checkbox"/> Personality change |
| <input type="checkbox"/> Ringing ears      | <input type="checkbox"/> Nervous / anxious  |
| <input type="checkbox"/> Seeing 'stars'    | <input type="checkbox"/> More moody         |
| <input type="checkbox"/> Nausea            | <input type="checkbox"/> Irritable          |
| <input type="checkbox"/> Vomiting          | <input type="checkbox"/> Sadness            |
| <input type="checkbox"/> Light sensitivity | <input type="checkbox"/> Unmotivated        |
| <input type="checkbox"/> Noise sensitivity | <input type="checkbox"/> Feeling 'slowed'   |
| <input type="checkbox"/> Neck pain         | <input type="checkbox"/> Poor memory        |
| <input type="checkbox"/> Feeling 'foggy'   | <input type="checkbox"/> Disorientation     |

**RED FLAG SYMPTOMS**

It's important to watch for Red Flag symptoms that appear in the first 24-72 hours. These symptoms may suggest a more serious injury.

IF ANY PLAYER SHOWS RED FLAG SYMPTOMS, THEY SHOULD GET MEDICAL HELP IMMEDIATELY.

- |                     |                          |
|---------------------|--------------------------|
| Neck pain           | Tingling in arms or legs |
| Increased confusion | Decreased awareness      |
| Repeated vomiting   | Passing out              |
| Seizures            | Severe headache          |
| Limb weakness       | Blurred vision           |

**RETURN TO SCHOOL & RETURN TO PLAY**

A concussion can affect a player's performance at school and make it difficult to concentrate. Students must successfully return to school full-time before they return to play sports.



\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)