

CONCUSSION CHECKLIST

New York State Public High School Athletic ASSOCIATION

The NYSPHSAA has endorsed this Concussion Checklist as a valuable tool and recommends use of this checklist, or a similar checklist, by all NYSPHSAA school districts.

Name: _____ Age: _____ Grade: _____ Sport: _____
 Date of Injury: _____ Time of Injury: _____

On Site Evaluation

Description of Injury: _____

Was there a loss of consciousness?	Yes	No	Unclear
Does he/she remember the injury?	Yes	No	Unclear
Does he/she have confusion after the injury?	Yes	No	Unclear

Symptoms observed at time of injury:

Dizziness	Yes	No	Headache	Yes	No
Ring in Ears	Yes	No	Nausea/Vomiting	Yes	No
Drowsy/Sleepy	Yes	No	Fatigue/Low Energy	Yes	No
“Don’t Feel Right”	Yes	No	Feeling “Dazed”	Yes	No
Seizure	Yes	No	Poor Balance/Coord.	Yes	No
Memory Problems	Yes	No	Loss of Orientation	Yes	No
Blurred Vision	Yes	No	Sensitivity to Light	Yes	No

Vacant Stare/
 Glassy Eyed Yes No

* Please circle yes or no for each symptom listed above.

Other Findings/Comments: _____

Final Action Taken: Parents Notified Sent to Hospital

Evaluator’s Signature: _____ Title: _____

Address: _____ Date: _____ Phone No.: _____

Physician Evaluation

Date of Evaluation: _____

Time of Evaluation: _____

Symptoms Observed:	Initial Evaluation		Final Evaluation	
	Yes	No	Yes	No
Dizziness	Yes	No	Yes	No
Headache	Yes	No	Yes	No
Tinnitus	Yes	No	Yes	No
Nausea	Yes	No	Yes	No
Fatigue	Yes	No	Yes	No
Drowsy/Sleepy	Yes	No	Yes	No
Sensitivity to Light	Yes	No	Yes	No
Sensitivity to Noise	Yes	No	Yes	No
Ante Grade Amnesia	Yes	No	Yes	No
Retro Grade Amnesia	Yes	No	Yes	No

* Please indicate yes or no in your respective columns. Initial evaluation use column 1 and final evaluation use column 2.

Additional Findings/Comments: _____

Recommendations/Limitations: _____

Signature: _____ Date: _____

Final Determination and Return to Play Physician:

Is the athlete ready to return to activity? **(Yes or No)**

Additional Findings/Comments: _____

Signature: _____

Date: _____

School Physician Signature _____

Date: _____