

CONCUSSION CHECKLIST

(Barker Central School revision to NYSPHSAA's Concussion Checklist)

See the Barker Central School Concussion Management Plan and/or visit barkerccd.net for additional information.

Name: _____ Age: _____ Grade: _____ Sport: _____

Date of Injury: _____ Time of Injury: _____

On Site Evaluation

Description of Injury: _____

Has the athlete ever had a concussion?	Yes	No	
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	Sensitivity to Noise	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.: _____

COACH: COMPLETE THIS COPY AND RETURN TO HEALTH OFFICE

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* 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.: _____

COACH: COMPLETE THIS COPY AND GIVE TO PARENT FOR THEIR OWN DOCTOR

Physician Evaluation/Concussion Checklist
(Barker Central School revision to NYSPHSAA's Concussion Checklist)

See the Barker Central School Concussion Management Plan and/or visit barkeresd.net for additional information.

Date of First Evaluation: _____

Time of Evaluation: _____

Date of Second Evaluation: _____

Time of Evaluation: _____

Date of Third Evaluation: _____

Time of Evaluation: _____

Symptoms Observed:	First Doctor Visit		Second Doctor Visit		Third Doctor Visit	
	Yes	No	Yes	No	Yes	No
Dizziness	Yes	No	Yes	No	Yes	No
Headache	Yes	No	Yes	No	Yes	No
Tinnitus	Yes	No	Yes	No	Yes	No
Nausea	Yes	No	Yes	No	Yes	No
Fatigue	Yes	No	Yes	No	Yes	No
Drowsy/Sleepy	Yes	No	Yes	No	Yes	No
Sensitivity to Light	Yes	No	Yes	No	Yes	No
Sensitivity to Noise	Yes	No	Yes	No	Yes	No
Anterograde Amnesia <i>(after impact)</i>	Yes	No	N/A	N/A	N/A	N/A
Retrograde Amnesia <i>(backwards in time from impact)</i>	Yes	No	N/A	N/A	N/A	N/A

* Please indicate yes or no in your respective columns. First Doctor use column 1, second Doctor use column 2, and the third Doctor use column 3.

First Doctor Visit (Purpose is to diagnose):

Did the athlete sustain a concussion? (Yes or No) (one or the other must be circled)

**** Post-dated releases will not be accepted. The athlete must be seen and released on the same day.**

Please note that if there is a history of previous concussion, then referral for professional management by a specialist or concussion clinic should be strongly considered.

Additional Findings/Comments: _____

Recommendations/Limitations: _____

Signature: _____ Date: _____

Print or stamp name: _____ Phone number: _____

Physician Evaluation/Concussion Checklist
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See the Barker Central School Concussion Management Plan and/or visit barkerccd.net for additional information.

Second Doctor Visit (Necessary in order to begin the graduated return to play phase process/start phase 1)

***** Athlete must be completely symptom free for 24 hours in order to begin the graduated return to play phase process. If athlete still has symptoms more than seven days after injury, referral to a concussion specialist/clinic should be strongly considered.**

Please check one of the following:

- Athlete has been asymptomatic for 24 hours and is ready to begin the return to play progression.
- Athlete is still symptomatic more than seven days after injury.

Additional Findings/Comments: _____

Recommendations/Limitations: _____

Signature: _____ Date: _____

Print or stamp name: _____ Phone number: _____

Third Doctor Visit (Necessary in order for student to return to full activity without restrictions):

Has the student successfully completed all 5 phases of the graduated return to play process? Yes or No (one or the other must be circled)

Can the student return to full activities without restrictions (phase 6)? Yes or No (one or the other must be circled)

Additional Findings/Comments: _____

Recommendations/Limitations: _____

Signature: _____ Date: _____

Print or stamp name: _____ Phone number: _____

Important Concussion Information/Concussion Checklist
(Barker Central School revision to NYSPHSAA's Concussion Checklist)

See the Barker Central School Concussion Management Plan and/or visit barkerccd.net for additional information.

The 1st visit to the private medical provider should be immediately following the student's injury. The medical provider will determine if the student has a concussion.

Depending on the timeline of the 1st visit to the private medical provider, a 2nd visit is most likely necessary. No pupils will be allowed to resume athletic activity (graduated return to play phase process – listed below) until they have been symptom free for 24 hours and have been evaluated by and received written and signed authorization from a LICENSED PHYSICIAN.

The 3rd visit is after the student has successfully completed phase 5. See below for a detailed description of all 6 phases of the graduated return to play process.

Important information: A student can only move to the next level of activity if they remain symptom free at the current level. Return to activity occurs with the introduction of one new activity each 24 hours. If any post concussion symptoms return, the student must drop back to the previous level of activity, then re-attempt the new activity after another 24 hours have passed. A more gradual progression should be considered based on individual circumstances and a private medical provider's or other specialist's orders and recommendations.

Phase 1- low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 2- higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope. No resistance training. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 3- Sport specific non-contact activity. Low resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 4- Sport specific activity, non-contact drills. Higher resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 5- Full contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24 hour period proceed to;

PRIOR TO PHASE 6 – THE FOLLOWING MUST BE COMPLETED:

- Once a student diagnosed with a concussion has successfully completed all 5 phases, a LICENSED PHYSICIAN must provide written, signed and completed clearance in order for the student to begin full activities without restrictions. If the school doctor has concerns or questions about the physician's orders, the SCHOOL DOCTOR should contact that provider to discuss and clarify. Additionally, the SCHOOL DOCTOR has the final authority to clear students to participate in or return to extra-class physical activities in accordance with 8NYCRR 135.4(c)(7)(i). The SCHOOL NURSE will inform the parents if the school doctor does not approve a return to play. The SCHOOL DOCTOR will consider all of the information (incident report, concussion checklist, physician's orders, and school nurse or school doctor's evaluations) prior to clearing an athlete return to play.
- After the SCHOOL DOCTOR approves the student to return to full activities without restriction, the SCHOOL NURSE/HEALTH OFFICE will inform the PE teachers, classroom teachers, coach, and Athletic Director in writing that the student may fully participate in athletic activities.

Phase 6- Return to full activities without restrictions.