UOVLL Suspected Concussion Report Form

Player Name: _____ DOB: _____

Date & Time of Injury: _____ Team Name: _____

Division: _____ Game/Practice Location: _____

Injury Description:

Reported Symptoms *(Check all that apply):*		
☐Headache	☐Feeling mentally foggy	☐Sensitive to light
☐Nausea	☐Feeling slowed down	☐Sensitive to noise
☐Dizziness	☐Difficulty concentrating	☐Irritability
☐Vomiting	☐Difficulty remembering	☐Sadness
☐Visual problems	☐Drowsiness	☐Nervous/anxious
☐Balance problems	☐Fatigue	☐More emotional
☐Numbness/tingling		

Red Flag Symptoms *(Check all that apply):* Call 911 immediately with a sudden onset of any of these symptoms		
☐Headache that worsens	☐Can't Recognize People or places	**Was 911 Called?**
☐Seizures or convulsions	☐Increasing Confusion/Irritability	
☐Repeated Vomiting	☐Weakness/Numbness in Arms/Legs	☐YES
☐Loss of Consciousness	☐Persistent/Increasing Neck Pain	
☐Looks drowsy/can't be awakened	☐Unusual Behavioural Change	☐NO
☐Slurred Speech	☐Focal neurologic signs (e.g. paralysis, weakness)	

Are there any other observable/reported symptoms: Yes ☐ No ☐
If yes, what: _____

Is there evidence of injury to anywhere else on body besides head? Yes ☐ No ☐
If yes, where: _____

Has this player had a concussion before? Yes ☐ No ☐ Prefer not to answer ☐
If yes, how many: _____

Does this player have any pre-existing medical conditions?: Yes ☐ No ☐ Prefer not to answer ☐
If yes, please list: _____

Does this player take any medication? Yes ☐ No ☐Prefer not to answer ☐
If yes, please list: _____

I _____ recommended to the player's parent or guardian that the player sees a medical professional immediately. A *medical professional includes a nurse practioner or medical doctor such as family doctor, pediatrician, emergency room doctor, sports-medicine physician, neurologist.*
Signature:_____Signature Date: _____Team Official Role: _____

PLEASE NOTE: *This form is to be completed by the team manager/coach in the event of a suspected concussion in any Upper Ottawa Valley Little League activity. Once this form is complete, give one copy to parent/guardian and email a copy to* safety@uovll.ca. ***Parents are to take this form to a medical professional immediately.***