

MATCH DAY HEAD INJURY

ASSESSMENT & REFERRAL FORM | AGES 12 & UNDER



SIDELINE FORM (to be completed by the examiner (first aider/trainer) on the day of the suspected concussion)

PLAYER NAME	CLUB
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DETAILS OF INCIDENT

DATE

OCCURRED AT: MATCH TRAINING OTHER

BRIEF DESCRIPTION

IDENTIFICATION OF RED FLAGS

(tick all those that apply)

- Loss of consciousness
- Seizure or convulsions
- Deterioration of conscious state
- Persistent or increasing vomiting
- Double vision
- Severe or increasing headache
- Increasing restlessness, agitation, or combative behaviour
- Neck pain
- Weakness or tingling/burning in the arms or legs

ACTION: If any one of the boxes above is ticked, an ambulance should be called for immediate transportation to hospital.

FEATURES OF A SUSPECTED CONCUSSION

(tick all those that apply)

- Loss of responsiveness
- Motor incoordination (losing balance, staggering, etc)
- Confused/disorientation (not aware of plays or events)
- Impaired memory (unable to recall events before or after the injury)
- Looking/feeling dazed, blank or vacant
- Player reporting symptoms:
 - a. 'don't feel right'
 - b. more emotional than usual - sad, nervous or anxious
 - c. 'feel slowed down', confused or 'feel like in a fog'
 - d. Sensitivity to light or noise
- The player is not their normal self, or there is any other concern that they are not quite right
- Other (please list):

ACTION: for any suspected concussion, the player needs to see a doctor as soon as practical for assessment, including confirmation of the diagnosis. The player must not return to play or full contact training until they have been cleared by a doctor.

EXAMINER NAME	ROLE AT CLUB
EXAMINER SIGNATURE	DATE

APPENDIX 2B.

MATCH DAY HEAD INJURY

CHILD REPORT | AGES 12 & UNDER



PLAYER FORM (to be completed on the day of the suspected concussion)

PLAYER NAME	
CLUB	AGE
How many concussions has your child had in the past?	
When was the most recent concussion?	
How long was the recovery (time to being cleared to play) for the most recent concussion? (approximate number of weeks)	

Ask the child to rate their symptoms based on how they are feeling now, with "1" representing the symptom is "a little" and "3" representing that the symptom is "a lot"

SYMPTOM EVALUATION

	NOT AT ALL/NEVER 0	A LITTLE/RARELY 1	SOMEWHAT/SOMETIMES 2	A LOT/OFTEN 3
I have headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like the room is spinning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I'm going to faint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Things are blurry when I look at them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see double	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sick to my stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get tired a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get tired easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble paying attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get distracted easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a hard time concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have problems remembering what people tell me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have problems following directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I daydream too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get confused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have problems finishing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble figuring things out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's hard for me to learn new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My neck hurts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do the symptoms get worse with physical activity? **YES** **NO**

Do the symptoms get worse with trying to think? **YES** **NO**

OVERALL RATING FOR CHILD TO ANSWER

On a scale of 0 to 100% (where 100% is normal), how would you rate the child now?	VERY BAD									VERY GOOD
	1	2	3	4	5	6	7	8	9	10
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If not 10, in what way do you feel different?

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MATCH DAY HEAD INJURY

PARENT OR GUARDIAN REPORT | AGES 12 & UNDER

SYMPTOM EVALUATION	NOT AT ALL/NEVER	A LITTLE/RARELY	SOMEWHAT/SOMETIMES	A LOT/OFTEN
	0	1	2	3
has headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feels dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has a feeling that the room is spinning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feels faint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has blurred vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has double vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
experiences nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gets tired a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gets tired easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has trouble sustaining attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is distracted easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has problems remembering what he/she is told	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has difficulty following directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tends to daydream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gets confused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is forgetful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has difficulty completing tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has poor problem-solving skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has problems learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has a sore neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do the symptoms get worse with physical activity? YES NO

Do the symptoms get worse with trying to think? YES NO

OVERALL RATING FOR PARENT/TEACHER/COACH/CARER TO ANSWER

On a scale of 0 to 100% (where 100% is normal), how would you rate the child now?

If not 100%, in what way does the child seem different?

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