PERSONAL CONCUSSION RECORD



PERSONAL CONCUSSION RECORD Date of Concussion Activity and Location SEVERITY Loss of consciousness? YES NO
Concussion Activity and Location SEVERITY Loss of consciousness? YES NO
Location SEVERITY Loss of consciousness? YES NO
Loss of consciousness? SEVERITY YES NO
Loss of consciousness?
consciousness?
What symptoms were experienced?
How long did symptoms last?
Did symptoms disappear completely?
TESTING
Was neuro- psychological testing performed?
If so, where and by whom?
Was a CT or MRI performed?
If so, where?
Name and Address of most involved physician.
RESULTS
Date of Return to Play
Other Comments and Notes

It is important for every player to record concussions that have occurred in the past or occur in the future so that your team and doctors can be as helpful as possible. Keep this record at home to keep track of your signs and symptoms as well as track your recovery process.

NAME	
DATE OF BIRTH	
NOTES:	
NUIES.	

Parachute PREVENTING INJURIES. SAVING LIVES.

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Date of				
Concussion				
Activity and				
Location				
SEVERITY				
Loss of	YES	NO		
consciousness?	169	NO		
What				
symptoms were				
experienced?				
How long did				
symptoms last?				
Did symptoms				
disappear				
completely?				
	TESTING			
Was neuro-				
psychological				
testing				
performed?				
If so, where				
and by whom?				
Was a CT or				
MRI performed?				
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Name and				
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most involved physician.				
priysician.				
	RESULTS			
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Return to Play				
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Concussion				
Activity and				
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Loss of		NO		
consciousness?	YES	NO		
What symptoms were experienced?				
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