

PERSONAL CONCUSSION RECORD



PERSONAL CONCUSSION RECORD	
Date of Concussion	
Activity and Location	
SEVERITY	
Loss of consciousness?	YES 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?	
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:

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