

Incident Report

Athlete's Name _____ Sport _____
Date of first evaluation by AT: _____ (xx/xx/xxxx)
Date of first evaluation by MD: _____ (xx/xx/xxxx)

Concussion occurred at: Away Venue / Home Venue / N/A

Loss of consciousness: Yes / No / N/A ** If yes, how long? _____

What made contact with the student athlete's head/neck?

- Artificial Turf
- Ball
- Concrete
- Bare Ground (dirt)
- Field Equipment (goal, bench, etc.)
- Grass
- Gym Floor
- Head to Head
- Ice
- Implement (Bsb/SB bat, etc.)
- Non-Contact (whiplash)
- Other: _____
- Other Players Lower Body
- Other Players Upper Body
- Wall

Was the athlete wearing a helmet? Yes / No Years Playing Sport: _____

Team level: Varsity/Junior Varsity/Sophomore/Freshman/Middle School/Club/Other

Height (inches): _____ Weight (lbs.): _____

Number of prior concussions: _____

Loss of consciousness in most recent previous concussion: Yes / No / Unknown **

If yes, date of most recent previous concussion (MM/YYYY): _____

Type of Surface: Grass - Other - Rubber Mat - Turf - Wood Floor

Where did Injury Occur: Club - Game - Non Athletic Related - Practice

