



Suspected Concussion Report Form

Player Name: _____ Player DOB: _____
 Date & Time of Injury: _____ Club Name: _____
 Division: _____ Level: _____ Game/Practice Location: _____ Sex: M F
 Position during Injury (please circle): Defense Midfield Forward Goalie

Injury Description: Player to player contact Ball to player contact Fall to ground Other

Reported and Observable Symptoms (Check all that apply):

<input type="checkbox"/> Headache	<input type="checkbox"/> Feeling mentally foggy	<input type="checkbox"/> Sensitive to light
<input type="checkbox"/> Nausea	<input type="checkbox"/> Feeling slowed down	<input type="checkbox"/> Sensitive to noise
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Irritability
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Difficulty remembering	<input type="checkbox"/> Sadness
<input type="checkbox"/> Visual problems	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Nervous/anxious
<input type="checkbox"/> Balance problems	<input type="checkbox"/> Sleeping more/less than usual	<input type="checkbox"/> More emotional
<input type="checkbox"/> Numbness/Tingling	<input type="checkbox"/> Trouble falling asleep	<input type="checkbox"/> Fatigue

Red Flag Symptoms (Check all that apply): Call 911 immediately with a sudden onset of any of these symptoms

- Severe or increasing headache
- Neck pain or tenderness
- Seizure or convulsion
- Double vision
- Loss of consciousness
- Repeated vomiting
- Weakness or tingling/burning in arms/legs
- Deteriorating conscious state
- Increasingly restless, agitated or combative

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 Don't know Prefer not to answer

If yes, how many:

Does this player have any pre-existing medical conditions? Yes No Don't know Prefer not to answer

If yes, please list:

Does this player take any medication? Yes No Don't know Prefer not to answer

If yes, please list:

I [name of coach completing this form]: _____ **recommended to**
the player's parent or guardian that the player sees a medical doctor/nurse practitioner immediately.

Signature _____ Date: _____ Role: _____

Phone Number: _____ Email Address: _____

PLEASE NOTE: This form is to be completed by the head coach in the event of a suspected concussion in a soccer game, practice or team activity. Once complete, give one copy of this report to parent/guardian and the other to your team/club designate. Parents must take this form to medical appointment with **medical doctor or nurse practitioner** with the recommended [Canada Soccer Concussion Assessment Medical Form](#). This report form is aligned with [best-practice guidelines](#) and a tool to be used to support the remove, refer and report sections of the [Canada Soccer Concussion Policy](#).

CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

- Remember:**
- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
 - Assessment for a spinal cord injury is critical.
 - Do not attempt to move the player (other than required for airway support) unless trained to do so.
 - Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

- Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:**
- "What venue are we at today?"
 - "Which half is it now?"
 - "Who scored last in this game?"
 - "What team did you play last week/game?"
 - "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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