



This tool is a quick reference, to be completed by teachers, to help identify a suspected concussion and to communicate this information to parent/guardian.

Identification of Suspected Concussion

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion must be suspected in the presence of **any one or more** of the signs or symptoms outlined in the chart below **and/or** the failure of the Quick Memory Function Assessment.

1. Check appropriate box

An incident occurred involving: _____ (student name) on: _____ (date).
He/she was observed for signs and symptoms of a concussion.

- ☐ No signs or symptoms described below were noted at the time. **Note:** *Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later (refer to #4 below).*
- ☐ The following signs were observed or symptoms reported:

Signs and Symptoms of Suspected Concussion	
Possible Signs Observed	Possible Symptoms Reported
<i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>	<i>A symptom is something the student will feel/report.</i>

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Physical	Physical
☐ vomiting	☐ headache
☐ slurred speech	☐ pressure in head
☐ slowed reaction time	☐ neck pain
☐ poor coordination or balance	☐ feeling off/not right
☐ blank stare/glassy-eyed/dazed or vacant look	☐ ringing in the ears
☐ decreased playing ability	☐ seeing double or blurry/loss of vision
☐ loss of consciousness or lack of responsiveness (call 911 immediately)	☐ seeing stars, flashing lights
☐ lying motionless on the ground or slow to get up	☐ pain at physical site of injury
☐ amnesia	☐ nausea/stomach ache/pain
☐ seizure or convulsion (call 911 immediately)	☐ balance problems or dizziness
	☐ fatigue or feeling tired

If any observed signs or symptoms worsen, call 911.

2. Perform Quick Memory Function Assessment

Ask the student the following questions, recording the answers below. Failure to answer any one of these questions correctly may indicate a concussion:

- What room are we in right now? Answer: _____
- What activity/sport/game are we playing now? Answer: _____
- What field are we playing on today? Answer: _____
- What part of the day is it? Answer: _____
- What is the name of your teacher/coach? Answer: _____

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- What school do you go to? Answer: _____

3. Action to be Taken

If there are **any** signs observed or symptoms reported, or if the student fails to answer any of the above questions correctly:

- a concussion should be suspected;
- the student must be immediately removed from play and must not be allowed to return to play that day even if the student states that he/she is feeling better; and
- the student must not leave the premises without parent/guardian (or emergency contact) supervision.

In all cases of a suspected concussion, the student must be examined by a medical doctor or nurse practitioner for diagnosis and must follow “Concussion Management Procedures - Return to Learn and Return to Physical Activity”.

4. Continued Monitoring by Parent/Guardian

- Students should be monitored for 24 – 48 hours following the incident as signs and symptoms can appear immediately after the injury or may take hours or days to emerge.
- If any signs or symptoms emerge, the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

5. Name of School Contact: _____

School Contact Signature: _____ Date: _____

This completed form must be copied, with the original filed as per school board policy and the copy provided to parent/guardian.

ⁱ Adapted from McCroy et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013