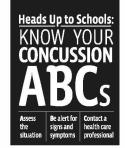
## **Concussion Signs and Symptoms**

## Checklist



Student's Name:	Student's Grade:	Date/Time of Injury:
Where and How Injury Occurred: (Be sure to inclu	de cause and force of the hit or blow to the head.)	
Description of Injury: (Be sure to include information	about any loss of consciousness and for how long, memory	loss, or seizures following the injury, or previous
concussions, if any. See the section on Danger Signs on the L	oack of this form.)	

## **DIRECTIONS:**

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	MINUTES Just prior to leaving
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events <i>prior</i> to the hit, bump, or fall				
Can't recall events <i>after</i> the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: www.cdc.gov/Concussion.

-				-	6		
בוו	n	$\sigma$	٦r	VI	σ	n	c٠
Da	Ш	51		J	5	ш	Э,

Be alert for symptoms that worsen over time. The This checklist is also useful if a student appears to have student should be seen in an emergency department sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student right away if s/he has: about possible sleep symptoms. Drowsiness, sleeping One pupil (the black part in the middle of the eye) more or less than usual, or difficulty falling asleep may larger than the other indicate a concussion. Drowsiness or cannot be awakened ☐ A headache that gets worse and does not go away To maintain confidentiality and ensure privacy, this ☐ Weakness, numbness, or decreased coordination checklist is intended only for use by appropriate school ☐ Repeated vomiting or nausea professionals, health care professionals, and the ☐ Slurred speech student's parent(s) or guardian(s). Convulsions or seizures ☐ Difficulty recognizing people or places For a free tear-off pad with additional copies of this ☐ Increasing confusion, restlessness, or agitation form, or for more information on concussion, visit: ■ Unusual behavior www.cdc.gov/Concussion. ☐ Loss of consciousness (even a brief loss of consciousness should be taken seriously) **Resolution of Injury:** Student returned to class \_\_ Student sent home Student referred to health care professional with experience in evaluating for concussion SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: TITLE: **COMMENTS:** 

Additional Information About This Checklist:

