## Concussion Signs and Symptoms

## Checklist



Student's Name:	Student's Grade:	Date/Time of Injury:
Where and How Injury Occurred: (Be sure to	include cause and force of the hit or blow to the head.)	
Description of Injury: (Resure to include inform	nation about any loss of consciousness and for how long, memor	y loss, or seizures following the injury, or previous
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## 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
Appears dazed or stunned				2/2
Is confused about events			- 6	
Repeats questions				
Answers questions slowly				
Can't recall events prior to the hit, bump, or fall				
Can't recall events after the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes			128 AP AP	
Forgets class schedule or assignments				19-20-
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting	PO TOME TO PRODUCT A TOP			
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision	10	Fall Park	all ele	
Sensitivity to light				
Sensitivity to noise				HE ASSET
Numbness or tingling				
Does not "feel right"		March 1	1 - 10 - 10	
COGNITIVE SYMPTOMS	la de	13		
Difficulty thinking clearly			ELIGHES.	612 62
Difficulty concentrating				SAD PARAGONETS
Difficulty remembering			25 6 36	NE SOL
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy			100	25
EMOTIONAL SYMPTOMS				
Irritable		DATE III		FEET SUIL
Sad		170 G 10 TO		
More emotional than usual				102020
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.

Danger Signs:	Additional Information About This Checklist:		
Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:	This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student		
<ul> <li>One pupil (the black part in the middle of the eye)</li> <li>larger than the other</li> <li>Drowsiness or cannot be awakened</li> </ul>	about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.  To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the student's parent(s) or guardian(s).		
<ul> <li>□ A headache that gets worse and does not go away</li> <li>□ Weakness, numbness, or decreased coordination</li> <li>□ Repeated vomiting or nausea</li> <li>□ Slurred speech</li> <li>□ Convulsions or seizures</li> </ul>			
<ul> <li>□ Difficulty recognizing people or places</li> <li>□ Increasing confusion, restlessness, or agitation</li> <li>□ Unusual behavior</li> <li>□ Loss of consciousness (even a brief loss of consciousness should be taken seriously)</li> </ul>	For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: <a href="https://www.cdc.gov/Concussion">www.cdc.gov/Concussion</a> .		
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:			



