



Suspected Concussion Identification Tool

This tool is to be used as a quick reference in helping to identify a suspected concussion. In all cases of a suspected concussion, the student must be examined by a medical doctor or nurse practitioner for diagnosis and must follow AP 6814-D "Concussion Management – Return to Learn and Return to Physical Activity".

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 failure of the Quick Memory Function Assessment.

1. Check Appropriate Box

An incident occurred involving _____ (student/athlete) on _____ (yyyy/MM/dd).

Circumstances causing injury (if known): _____

He/she was observed for signs and symptoms of a concussion.

- No signs or symptoms described below were noted at that 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 (check all that apply) <i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer)</i>	Possible Symptoms Reported (check all that apply) <i>A symptom is something the student/athlete will feel/report.</i>
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> vomiting <input type="checkbox"/> slurred speech <input type="checkbox"/> slowed reaction time <input type="checkbox"/> poor coordination or balance <input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look <input type="checkbox"/> decreased playing ability <input type="checkbox"/> loss of consciousness or lack of responsiveness <input type="checkbox"/> lying motionless on the ground or slow to get up <input type="checkbox"/> amnesia <input type="checkbox"/> seizure or convulsion <input type="checkbox"/> grabbing or clutching of head <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating <input type="checkbox"/> easily distracted <input type="checkbox"/> general confusion <input type="checkbox"/> cannot remember things that happened before and after the injury (see #2 Quick Memory Function Assessment on this form) <input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating <input type="checkbox"/> slowed reaction time (e.g. answering questions or following directions) <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> strange or inappropriate emotions (e.g. laughing, crying, getting angry easily) <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ 	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> headache <input type="checkbox"/> pressure in head <input type="checkbox"/> neck pain <input type="checkbox"/> feeling off/not right <input type="checkbox"/> ringing in the ears <input type="checkbox"/> seeing double or blurry/loss of vision <input type="checkbox"/> seeing stars, flashing lights <input type="checkbox"/> pain at physical site of injury <input type="checkbox"/> nausea/stomach ache/pain <input type="checkbox"/> balance problems or dizziness <input type="checkbox"/> fatigue or feeling tired <input type="checkbox"/> sensitivity to light or noise <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating or remembering <input type="checkbox"/> slowed down, fatigue or lower energy <input type="checkbox"/> dazed or in a fog <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> irritable, sad, more emotional than usual <input type="checkbox"/> nervous, anxious, depressed <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____
If any observed signs or symptoms worsen, call 911	

2. Perform Quick Memory Function Assessment

Ask the student/athlete 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 part of the day is it? *Answer:* _____
- What activity/sport are we playing now? *Answer:* _____
- What is the name of your teacher/coach? *Answer:* _____
- What field are we playing on today? *Answer:* _____
- 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.

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 athlete needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

5. Name and Signature of School Professional Completing this Form:

 Name Signature Date Completed

Distribution: Parent/guardian - copy
 Student OSR - original

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, C.E.2 and its regulations. It will be utilized only for purposes related to the identification of a possible concussion. Questions about this collection should be directed to the principal of the school.