

Coach , Volunteer Evaluation of Head Injury During Athletic Event or Practice In the Absence of a CAT, MD

Student Name: _____
 Date: _____
 Coach: _____
 School: _____

Call EMS if the following:

- Change in state of consciousness
- Seizure
- Focal neurological signs
- Can't be awakened
- Repeated vomiting
- Slurred speech

- Cant recognize people or places
- Increasing confusion
- Weakness or numbness in arms and legs
- Neck pain
- Unusual behavior

If none of the above:

Evaluate the athlete in a safe, relatively quiet place. Check off any signs you observe and any symptoms the athlete reports. If ANY signs or symptoms are positive ,he/she must sit out the event. A copy of this form should go to the school nurse and a copy will go to the family to accompany the student to the medical evaluator.

Time of injury: _____ Time evaluated: _____

Signs Observed by Coaching staff	<input checked="" type="checkbox"/>	Symptoms Reported by Athlete	<input checked="" type="checkbox"/>
Appears dazed or stunned		Headache or "pressure" in head	
Is confused about assignment or position		Nausea or vomiting or position	
Forgets sports plays		Balance problems or dizziness	
Is unsure of game, score, or opponent		Double or blurry vision	
Moves clumsily		Sensitivity to light	
Answers questions slowly		Sensitivity to noise	
Loses consciousness (even briefly) or groggy		Feeling sluggish, hazy or groggy	
Shows behavior or personality		Concentration or memory problems changes	
Can't recall events prior to hit or fall		Confusion	
Can't recall events after the hit or fall		Does not "feel right"	

Disposition;

___ EMS

___ Parent notified, not present

___ Parent transport for evaluation

Other _____

When in doubt- Sit them out.