

## WVSSAC CONCUSSION REPORT - 2016-2017

SCHOOL \_\_\_\_\_

Person completing this report \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_ (this date must be within 30 days of the injury)

Is this the initial concussion report? yes \_\_\_\_\_ no \_\_\_\_\_

or an updated report? yes \_\_\_\_\_ no \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Please indicate the sport of this athlete with an X in the appropriate box.

Baseball	Basketball	Cheerleader	Cross-Country	Football	Golf	Soccer
Softball	Swimming	Tennis	Track	Volleyball	Wrestling	

Date concussion occurred: \_\_\_\_\_

Activity when concussion occurred: Practice \_\_\_\_\_ Scrimmage \_\_\_\_\_ Game \_\_\_\_\_

Who initially evaluated this athlete? (By title/role – no name; athletic trainer, EMT, coach, etc)

\_\_\_\_\_

Initial steps included?

Transport by EMS \_\_\_\_\_

Referral to parents to seek follow up evaluation \_\_\_\_\_

Referral to team physician \_\_\_\_\_

Other \_\_\_\_\_

Date athlete was cleared to return to practice and play: \_\_\_\_\_

Who cleared the athlete to return:

Physician \_\_\_\_\_ Chiropractor \_\_\_\_\_ Nurse Practitioner \_\_\_\_\_

Physician Assistant \_\_\_\_\_ Athletic Trainer (ATC/R) \_\_\_\_\_

Was this in a written document? \_\_\_\_\_ (keep this document on file at the school)

(if athlete is not cleared to return in 30 days the initial report must be submitted and then a follow up report must be submitted listing the return to play date.)

Form is to be sent to Dr. Dan Martin, ATC/R.

FAX: 304-473-8888 or email to 'martin\_d1@wvwc.edu'

Any questions please contact the WVSSAC or Dr. Martin (473-8103 or email)