



COACH'S CONCUSSION REPORT

This form is to be filled out and submitted to the Federal Way Mod Soccer Club (FWMSC) in the event of an athlete exhibiting the signs, symptoms, or behaviors consistent with a concussion. All instances involving the removal of a participant for a possible concussion or head injury should be reported on this form. Prompt reporting of these instances is expected.

Player Name (Full name) *Date of Birth*

Current Team *Head Coach*

Parent(s) Name *Parent Phone*

Email Address

COACHES REPORT

If possible concussion wasn't suffered at a team event, have parents complete section below to the best of their ability.

Date of Head Injury *Location of Event* *Apx. Time of Injury* *Game / Practice / Other*
Event Type

Describe situation:

Signs Observed by Coaching Staff (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Appears Dazed or Stunned | <input type="checkbox"/> Is confused about assignment or position |
| <input type="checkbox"/> Forgets sports plays | <input type="checkbox"/> Is unsure of game, score, or opponent |
| <input type="checkbox"/> Moves clumsily | <input type="checkbox"/> Answers questions slowly |
| <input type="checkbox"/> Loses consciousness | <input type="checkbox"/> Shows behavior or personality changes |
| <input type="checkbox"/> Can't recall events prior to head injury | <input type="checkbox"/> Can't recall events after hit or fall |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Symptoms Reported by Athlete (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Headache or "pressure" in head | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Balance problems or dizziness | <input type="checkbox"/> Double or blurry vision |
| <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Sensitivity to noise |
| <input type="checkbox"/> Feeling sluggish, hazy, foggy, or groggy | <input type="checkbox"/> Concentration or memory problems |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Does not "feel right" |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Coach's response to injury (be descriptive):

The athlete is not allowed to return to play until they have been evaluated by a licensed health care provider and receive written clearance to return to play from that health care provider. The coach shall submit the medical clearance to FWMSC for documentation.

Coaches Signature *Date*