Concussion Signs and Symptoms

Checklist



Student's Name:	Student's Grade:	Date/Time of Injury:
Where and How Injury Occurred: (Be sure to incl	lude cause and force of the hit or blow to the head.)	
Description of Injury: (Be sure to include information	on about any loss of consciousness and for how long, memory lo	ss, or seizures following the injury, or previous
concussions, if any. See the section on Danger Signs on the	e back of this form.)	

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.

Appears dazed or stunned Is confused about events 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 behavlor or personality changes Forgets class schedule or assignments PHYSICAL SYMPTOMS Headache or "pressure" in head Nausea or vomiting Balance problems or dizziness Fatigue or feeling tired Blurry or double vision Sensitivity to light Sensitivity to noise Numbness or tingling Does not "feel right" COGNITIVE SYMPTOMS Difficulty concentrating Difficulty concentrating Difficulty remembering Feeling more slowed down Feeling sluggish, hazy, foggy, or groggy EMOTIONAL SYMPTOMS Irritable Sad More emotional than usual	OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	MINUTES Just prior to leaving
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Irritable Sad	Feeling sluggish, hazy, foggy, or groggy				
Sad					
	Irritable				
More emotional than usual					
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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:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

One pupil (the black part in the middle of the eye)
larger than the other
Drowsiness or cannot be awakened
A headache that gets worse and does not go away
Weakness, numbness, or decreased coordination
Repeated vomiting or nausea
Slurred speech
Convulsions or seizures
Difficulty recognizing people or places
Increasing confusion, restlessness, or agitation
Unusual behavior

☐ Loss of consciousness (even a brief loss of

Additional Information About This Checklist:

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 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).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: www.cdc.gov/Concussion.

consciousness should	be taken seriously)	
Resolution of Injur	ry:	
Student returned	d to class	
Student sent hor	ne	
Student referred	to health care professional with experience in evaluating for concussion	
SIGNATURE OF SCHOOL PRO	DFESSIONAL COMPLETING THIS FORM:	
TITLE:		
COMMENTS:		

