

**USPC Concussion Assessment Tool**

Member Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_

<b>Signs / Symptoms of Concussion (reported by athlete)</b>	<b>Yes</b>	<b>No</b>
Headache or “pressure” in head		
Nausea or vomiting		
Balance problems or dizziness		
Double or blurry vision		
Sensitivity to light		
Sensitivity to noise		
Feeling sluggish, hazy, foggy, or groggy		
Confusion, concentration or memory problems		
Just not “feeling right” or “feeling down”		
<b>Signs / Symptoms of Concussion (observed by coach or parent)</b>	<b>Yes</b>	<b>No</b>
Appears dazed or stunned		
Forgets an instruction		
Strange behavior or changes in personality		
Moves clumsily		
Answers questions slowly		
Loses consciousness (even briefly)		
Shows mood, behavior, or personality changes		
Can’t recall events prior to or after a fall		
<b>More Serious Danger Signs</b>	<b>Yes</b>	<b>No</b>
One pupil larger than the other		
Drowsiness or inability to wake up		
A headache that gets worse or does not go away		
Slurred speech, weakness, numbness, or decreased coordination		
Repeated vomiting or nausea, convulsions or seizures		
Bleeding or clear fluid leaking from the nose or ears		

If you marked “yes” to any of the above, seek medical attention.

Please fill out a USPC Incident Report and a USPC Head Injury/Concussion Report Form. If the member is thought to have sustained a concussion, please provide them with a USPC Concussion Return to Play Form.