

WVSSAC CONCUSSION REPORT - 2017-2018

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: 304-473-8112 or email to 'martin_d1@wvwc.edu'

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