

# MATCH DAY HEAD INJURY

## ASSESSMENT & REFERRAL FORM | AGES 12 & UNDER



### SIDELINE FORM



Examiner to complete on the day of suspected concussion

#### PLAYER DETAILS

NAME

CLUB

#### INCIDENT DETAILS

DATE

/ /

OCCURRED AT:

MATCH

TRAINING

OTHER



BRIEF DESCRIPTION

#### IDENTIFICATION OF RED FLAGS

(tick all those that apply)

Loss of consciousness



Seizure or convulsions



Deterioration of conscious state



Persistent or increasing vomiting



Double vision



Severe or increasing headache



Increasing restlessness, agitation,  
or combative behaviour



Neck pain



Weakness or tingling/burning  
in the arms or legs



If any of these boxes are ticked,  
the player needs urgent  
transportation to a hospital.



#### FEATURES OF A SUSPECTED CONCUSSION

(tick all those that apply)

Loss of responsiveness



Motor incoordination (losing balance, staggering, etc)



Confused/disorientation (not aware of plays or events)



Impaired memory (unable to recall events before or  
after the injury)



Looking/feeling dazed, blank or vacant



Player reporting symptoms:

a. 'don't feel right'



b. more emotional than usual – sad, nervous or anxious



c. 'feel slowed down', confused or 'feeling foggy'



d. sensitivity to light or noise



The player isn't their normal self, or there's any  
other concern that they're not quite right:



Other (please list):

All players with a suspected concussion need to see  
a doctor as soon as practical for medical assessment,  
including confirmation of diagnosis.

Players cannot return to play or full-contact  
training until they have been cleared by a doctor.



EXAMINER NAME

SIGNATURE

ROLE AT CLUB



DATE

/ /

# MATCH DAY HEAD INJURY

## CHILD REPORT | AGES 12 & UNDER



AFL PLAY

### PLAYER FORM



To be completed on the day of suspected concussion

#### PLAYER DETAILS

NAME

AGE

CLUB

How many concussions  
has your child had in the past?

For their most recent concussion,  
how long was the recovery  
(time to being cleared to play)?  
(approximate number of weeks)

WEEKS

When was the most recent concussion?

#### SYMPTOM EVALUATION

Ask the child to rate their symptoms based on how they are feeling now:

##### SYMPTOM

NOT AT ALL

A LITTLE

SOMETIMES

A LOT

0

1

2

3

I have headaches

☐☐☐☐

I feel dizzy

☐☐☐☐

I feel like the room is spinning

☐☐☐☐

I feel like I'm going to faint

☐☐☐☐

Things are blurry when I look at them

☐☐☐☐

I see double

☐☐☐☐

I feel sick to my stomach

☐☐☐☐

I get tired a lot

☐☐☐☐

I get tired easily

☐☐☐☐

I have trouble paying attention

☐☐☐☐

I get distracted easily

☐☐☐☐

I have a hard time concentrating

☐☐☐☐

I have problems remembering what people tell me

☐☐☐☐

I have problems following directions

☐☐☐☐

I daydream too much

☐☐☐☐

I get confused

☐☐☐☐

I forget things

☐☐☐☐

I have problems finishing things

☐☐☐☐

I have trouble figuring things out

☐☐☐☐

It's hard for me to learn new things

☐☐☐☐

My neck hurts

☐☐☐☐

Do the symptoms get worse with physical activity?

YES / NO

Do the symptoms get worse when trying to think?

YES / NO

#### OVERALL RATING FOR CHILD TO ANSWER

VERY BAD

VERY GOOD

On a scale of 1 to 10 (where 10 is normal),  
how would you rate how you're feeling now?

1

2

3

4

5

6

7

8

9

10

☐☐☐☐☐☐☐☐☐☐

If not 10, in what way do you feel different?

# MATCH DAY HEAD INJURY

## PARENT OR GUARDIAN REPORT | AGES 12 & UNDER



### SYMPTOM EVALUATION



To be completed by parent/guardian on the day of the suspected concussion

	NOT AT ALL	A LITTLE	SOMETIMES	A LOT
	0	1	2	3
has headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feels dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has a feeling that the room is spinning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feels faint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has blurred vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has double vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
experiences nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gets tired a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gets tired easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has trouble sustaining attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is distracted easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has problems remembering what he/she is told	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has difficulty following directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tends to daydream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gets confused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is forgetful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has difficulty completing tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has poor problem-solving skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has problems learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has a sore neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do the symptoms get worse with physical activity? YES / NO

Do the symptoms get worse when trying to think? YES / NO

### OVERALL RATING FOR PARENT/GUARDIAN

On a scale of 0-100% (where 100% is normal), how would you rate the child now?

%

If not 100%, in what way does the child seem different?