

Concussion Signs and Symptoms Checklist

Student's Name: _____ Grade: _____ Date & Time of Injury: _____

Where and how injury occurred: [Be sure to include cause and force of the hit or blow to the head or blow to the body.] _____

Description of Injury: [Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See [Head Injury Danger Signs](#)]. _____

Directions: Use the checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Interview the student and check for signs or symptoms when student first arrives in the office, 15 minutes later, and at the end of 30 minutes. **If after 30 minutes there are no signs and symptoms, the student may return to class.**

If one or more signs and symptoms of concussion are present after a bump, blow, jolt to the head or blow to the body, refer the student to a healthcare professional with experience in evaluating for concussion. For those instance when a parent is coming to take the student to a healthcare professional, observe the student for new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the healthcare professional to review.

Danger Signs: If at any time during assessment the student develops one or more of the symptoms listed on the Head Injury Signs Danger Checklist, refer the student immediately for emergency medical care.

Head Injury Danger Signs

Be alert for symptoms that worsen over time. The student should be seen in an emergency department **right away** if she or he has one or more of these danger signs:

- ☐ One pupil (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 consciousness should be taken seriously)


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 about possible sleep problems. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality & ensure privacy, this checklist is intended for use only by appropriate school professionals, healthcare professionals, and the student's parent(s) or guardian(s).

[Information Source:

Concussion Signs And Symptoms Checklist (cdc.gov)
Heads Up | HEADS UP | CDC Injury Center]

Observed Signs

	0 Minutes	15 Minutes	30 Minutes	 Minutes JUST PRIOR TO LEAVING
▪ Appears dazed or confused				
▪ 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 behavior 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, double, or fuzzy vision				
▪ Heightened sensitivity to light or noise				
▪ Neck pain				
▪ Numbness or tingling				
▪ Does not "feel right"				

Cognitive Symptoms

▪ Confusion or difficulty thinking clearly				
▪ Memory problems or difficulty concentrating				
▪ Amnesia or difficulty remembering				
▪ Feeling more slowed down than usual				
▪ Feeling sluggish, hazy, foggy, or groggy				

Emotional Symptoms

▪ Irritable				
▪ Sad				
▪ More emotional than usual				
▪ Nervous or anxious				

Resolution of Injury:

- ☐ Student returned to class, time: _____
 ☐ Student sent home, time: _____
 ☐ ORM notified
- ☐ Student referred to healthcare professional experienced in evaluating concussion, time: _____
 ☐ School personnel notified
- ☐ Parent Education provided (Helpful References: [Signs and Symptoms of Concussion](#) | [HEADS UP](#) | [CDC](#))

Signature of School Personnel Completing Form: _____ Date: _____

Signature of Parent/ Guardian Picking Up Student: _____ Date: _____