The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

This form should be completed by the student’s parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Grade</th>
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<tbody>
<tr>
<td>School</td>
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<td>Home Address</td>
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Has student ever experienced a traumatic head injury (a blow to the head)?  Yes________ No________
If yes, when? Dates (month/year):  ________________________________

Has student ever received medical attention for a head injury?  Yes_______ No_______
If yes, when? Dates (month/year):  ________________________________
If yes, please describe the circumstances:

Was student diagnosed with a concussion?  Yes_______ No_______
If yes, when? Dates (month/year):  ________________________________

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion:  _________________

Parent/Guardian:
Name: ____________________________________ Signature/Date ____________________________________________________
(Please print)

Student Athlete:
Signature/Date ____________________________________________________