The Commonwealth of Massachusetts

Executive Office of Health and Human Services

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**Pre-Participation Head Injury/Concussion Reporting Form**

**for Extracurricular Athletic Activities**

This form should be completed by the student’s parent(s) or legal guardian(s). Please submit this form 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.

**Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s name | Sex | Date of birth | Grade |
| School name | Sport(s) | | |
| Home address | Phone number | | |

|  |
| --- |
| 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): |
| How long did symptoms last for the most recent concussion? (i.e., headache, difficulty concentrating, fatigue) |