



The Commonwealth of Massachusetts
 Xafiiska Fullinta Adeegyada Caafimaadka iyo Aadanaha
 Waaxda Caafimaadka Dadweynaha
 250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
 Taliyaha

KARYN E. POLITO
 Ku Xigeenka Taliyaha

MARYLOU SUDDERS
 Xogeynta

MONICA BHAREL, MD, MPH
 Guddomiyaha

**DHAAWACA MADAXA KA-QEYBGALKA KA HOR/
 FOOMKA KA-WARBIXINTA JUGTA
 HAWLAHA KA BAXSAN MANHAJKA**

Foomkaan waa in uu buuxiyo waalidka (waalidiinta) ardayga ama ilaaliyaha (ilaaliyeyaasha) sharciga. Waa in loo gudbiyo Agaasimaha Atleetikada (Athletic Director), ama sarkaalka uu magacaabay dugsiga, *ka hor* inta uusan bilaabanin xilli kasta uu ardayga qorsheysto in uu ka qeybgalo hawsha jmiciga ee ka baxsan manhajka.

Magaca Ardayga	Jinsiga	Taariikhda Dhallashada	Darajada
Dugsiga	Isboortiga (Isboortiyada)		
Cinwaanka Guriga			Telefoon

Ardayga, marna dhaawac xanuun badan miyaa ka soo gaaray madaxa (jug ka soo gaartay madaxa)? Haa ____ Maya ____

Haddii ay haa tahay, goorma? Taariikhda (bisha/sannadka): _____

Ardayga, marna ma laga daweyay jugta madaxa? Haa ____ Maya ____

Haddii ay haa tahay, goorma? Taariikhda (bisha/sannadka): _____

Haddii ay haa tahay, fadlan sharax daruufaha:

Ardayga, ma lagu sheegay in ay jug ka soo gaartay madaxa? Haa ____ Maya ____

Haddii ay haa tahay, goorma? Taariikhda (bisha/sannadka): _____

Muddada ay socdeen Calaamadaha la xariiro jugtii ugu dambaysay (sida *madax xanuunka, ku adkaato in uu xoogga saaro hawsha, daal*): _____

Magaca Waalidka/Ilaaliyaha:: _____ Saxiixa/Taariikhda _____
 (Fadlan daabac)

Saxiixa Ardayga Cayaartoyga:
 Saxiixa/Taariikhda _____



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**

CHARLES D. BAKER
 Governor

KARYN E. POLITO
 Lieutenant Governor

MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

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.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

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 _____