

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

**KA WARBIXINTA DHAAWACA MADAXA
XILLIGA ISBOORTIGA**

Foomkaan waxaa loogu talagalay in lagu soo sheego dhaawacyada madaxa (marka laga reebo dilaaca yaryar ama nabarada). Waa in loo soo celiyo agaasimaha atleetikada ama xubin ka tirsan shaqaalaha uu dugsiga u magacaabay iyo waa in ay fiiriso kalkaalinta dugsiga.

Ku Socoto Tababareyaasha: Fadlan dhakhso buuxi foomkaan, cayaarta, ama ku celcelinta kaddib, kana dambeeyo in ardayga laga saaro cayaarta taasoo ugu wacan jug *suurtogal ah* oo ka soo gaartay madaxa.

Ku Socoto Waalidiinta/Ilaaliyeyaasha: Fadlan buuxi foomkaan haddii cunugaada uu dhaawac ka soo gaaray madaxa, lana xariira hawlaha atleetikada ee ka baxsan manhajka dugsiga.

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

Taariikhda dhaawaca: _____

Dhacdada, ma waxaa lala kulmay inta ay socotay hawl ka baxsan manhajka? haa _____ maya _____

Haddii ay sidaas tahay, xaggee ayay dhacdada ka dhacday?

Fadlan sharax nooca iyo baaxadda dhaawacyada soo gaaray ardayga:

Ku Socoto Waalidiinta/Ilaaliyeyaasha:

Ma la daweeeyay Ardayga? haa _____ maya _____

Haddii ay haa tahay, ma loo sheegay in ay soo gaartay jug? haa _____ maya _____

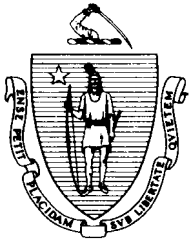
ANIGA WAXAAN HALKAAN KU SHEEGAA IN, ILAA INTA UGU BADAN AAN OGSOONAHAY, JAWAABAHA AAN KA BIXIYAY SU'AALAHA KORE YAHIIN KUWO DHAMAYSTIRAN OO SAX AH.

Fadlan, goobo ku wareeji hal: Agaasimaha Kooxda Tababarka ama Kooxda Socodka
Waalidka/Ilaaliyaha

Magaca Qofka Buuxiyay Foomka (fadlan daabac): _____

Saxiixa _____

Taariikhda _____



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

CHARLES D. BAKER
 Governor

KARYN E. POLITO
 Lieutenant Governor

MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

**REPORT OF HEAD INJURY DURING
 SPORTS SEASON**

This form is to report head injuries (other than minor cuts or bruises) that occur during a sports season. It should be returned to the athletic director or staff member designated by the school and reviewed by the school nurse.

For Coaches: Please complete this form immediately after the game or practice for head injuries that result in the student being removed from play due to a *possible* concussion.

For Parents/Guardians: Please complete this form if your child has a head injury outside of school related extracurricular athletic activities.

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

Date of injury: _____

Did the incident take place during an extracurricular activity? ____ Yes ____ No

If so, where did the incident take place? _____

Please describe nature and extent of injuries to student:

For Parents/Guardians:

Did the student receive medical attention? yes ____ no ____

If yes, was a concussion diagnosed? yes ____ no ____

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

Please circle one: Coach or Marching Band Director

Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____

Date _____