



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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**105 CMR 201.000: Head Injuries and Concussions in Extracurricular Athletic Activities
Year End Reporting Form for Schools, 2023-2024**

105 CMR 201.000 requires that all public middle and high schools (including charter schools) with extracurricular athletic activities, as well as all private schools that are members of the Massachusetts Interscholastic Athletic Association (MIAA), provide data to the Department of Public Health annually on the number of Report of Head Injury Forms received by the school and the number of those forms that indicate that the injury occurred during interscholastic athletics. The following form provides the mechanism for complying with that regulation. The regulations specify that, unless school policies dictate otherwise, the Athletic Director is responsible for reporting these annual statistics to the Department of Public Health [105 CMR 201.012(C)(7)].

Please complete only one report per school (not by school district).

Instructions:

Complete this form and return it **no later than June 30, 2024** by using one of the following options:

1. Each school will receive an email from DPH to complete the [online version](#) of this form.
2. If you cannot use the online version, please complete the fillable form in this document and e-mail it to DPH-ConcussionPolicies@mass.gov
3. Mail hard copy of this form to:
Injury Prevention and Control Program
Massachusetts Department of Public Health
Division of Violence and Injury Prevention
250 Washington Street, 4th Floor
Boston, MA 02108

Completion of the online version of form is strongly encouraged.

If you have any questions or need more information about the MDPH Sports Concussion Year End Report, please contact us at DPH-ConcussionPolicies@mass.gov or 617-624-6132. You can also learn more information at mass.gov/sportsconcussion.

April 2024

A. Respondent's Information

Your Name:

Your Email:

Your Title:

☐ Athletic Director

☐ Athletic Trainer

☐ Principal

☐ School Nurse

☐ Other (please describe):

B. School Information & Required Reporting Eligibility

1. For private schools, please select "Private" under School District. For other public schools, please indicate the district.

School District:

School Name:

2. Please provide your DESE Organization Code.

(This code is assigned by the Massachusetts Department of Elementary and Secondary Education (DESE) to every district and school in the Commonwealth. If you do not know your code, please search for your school name to find your code at profiles.doe.mass.edu.)

DESE Organization Code:

3. Grades included in the school (check all that apply):

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

☐ None of the above*

*If none of the above, your school is not required to submit a year end report. You may stop now and submit the report by following the instructions on page 1. Otherwise, please continue.

4. Please choose from the following options regarding whether or not your school is required to complete this report:

☐ Public School

☐ Private school affiliated with MIAA

☐ None of the above*

*If none of the above, your school is not required to submit a year end report. You may stop now and submit the report by following the instructions on page 1. Otherwise, please continue.

5. Does your school have an extracurricular sports program?

(An extracurricular sports program is defined as an organized school sponsored athletic activity, including marching bands, generally occurring outside of school instructional hours.)

☐ Yes

☐ No*

*If no, your school is not required to submit a year end report. You may stop now and submit the report by following the instructions on page 1. Otherwise, please continue.

6. Did your school pause or cancel extracurricular athletic activities during school year 2023-2024?

☐ Yes

☐ No

7. If you selected "Yes" for Question 6, please describe when the pause occurred, for which activities, and why.

C. Required Questions

1a. Please enter the total number of [Report of Head Injury Forms](#) received in school year 2023-2024. (Report how many "Report of Head Injury" forms (or school-based equivalents) were received. A school-based equivalent means a form that a school district or school develops in lieu of the Department of Public Health form which, at minimum, includes all of the information required by the Department's Report of Head Injury form.)

1b. How many of the Report of Head Injury Forms received were the result of extracurricular athletic activities? Please make sure that this number is less than or equal to the answer in Question 1a.

2. Does your school collect [Report of Head Injury Forms](#) for all students or only students who participate in extracurricular athletic activities?

(Schools or school districts define their own policy on whether "Report of Head Injury" forms are required for all students or only for student athletes.)

☐ All students

☐ Student athletes only

☐ Unknown

D. Optional Questions

(This information is not required by regulation, but can help inform policy and programming)

1. Total number of [Post Sports-Related Head Injury Medical Clearance and Authorization Forms](#) received in school year 2023-2024.

(Schools are required to utilize the Department of Public Health's Medical Clearance and Authorization form or school-based equivalent prior to a student returning to play. This question asks schools to report how many Medical Clearance Forms (or school-based equivalents) were received. Please note that not every student is cleared to return to play in the same school year in which s/he is injured, so this total is not expected to equal the number of Report of Head Injury forms for student athletes.)

2. Does your school have Licensed Athletic Trainers?

(Licensed Athletic Trainer means any person who is licensed by the Board of Registration in Allied Health Professions in accordance with M.G.L. c. 112, § 23A and 259 CMR 4.00 as a professional athletic trainer and whose practice includes schools and extracurricular athletic activities. Pursuant to M.G.L. c. 112, § 23A, the athletic trainer practices under the direction of a physician duly registered in the Commonwealth.)

☐ Yes

☐ No*

*If no, skip to question 4.

3. If yes, how many FTEs (full-time equivalents) does your school have for Licensed Athletic Trainers? (1.00 is a full-time person and 0.50 would be a half-time person.)

4. How do parents or legal guardians receive the [Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Activities](#)?

(This form should be completed by the student's parents or legal guardians. 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.)

☐ Hard Copy

☐ Online

☐ Other (please describe):

5. Who assures that [Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Activities](#) are completed? (Check all that apply)

☐ Athletic Director

☐ Athletic Trainer

☐ Coach

☐ School Nurse

☐ School Physician

6. How many people among the following groups completed a [concussion-related annual training](#) during school year 2023-2024?

Number of school nurses who completed the training
 Total number of school nurses employed at the school

Number of school physicians who completed the training
 Total number of school physicians at the school

Number of coaches who completed the training
 Total number of coaches at the school

Number of athletic trainers who completed the training
 Total number of athletic trainers at the school

Number of student athletes who completed the training
 Total number of student athletes at the school
(If unknown, please approximate.)

Number of parents who completed the training:
 Total number of parents of student athletes at the school
(If unknown, please approximate.)

7. Does your school provide Baseline ImPACT or comparable neurocognitive testing (either in-person or online)? If so, for which students?

- ☐ None of the students.
- ☐ All students engaged in any extracurricular athletics at the school.
- ☐ All students in the school.
- ☐ All students engaged in certain extracurricular athletics at the school. Specify sport(s):
- ☐ All students in certain grades. Specify grade(s):
- ☐ Other (please specify):