

# CONCUSSION SIGNS AND SYMPTOMS Checklist



Student's Name: \_\_\_\_\_ Student's Grade: \_\_\_\_\_ Date/Time of Injury: \_\_\_\_\_

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* \_\_\_\_\_

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* \_\_\_\_\_

## DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, 15 minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a healthcare professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a healthcare professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the healthcare professional to review.

	0 MINUTES	15 MINUTES	30 MINUTES	<div>MINUTES JUST PRIOR TO LEAVING</div>
<b>OBSERVED SIGNS</b>				
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events <i>prior</i> to the hit, bump, or fall				
Can't recall events <i>after</i> the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
<b>PHYSICAL SYMPTOMS</b>				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
<b>COGNITIVE SYMPTOMS</b>				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down than usual				
Feeling sluggish, hazy, foggy, or groggy				
<b>EMOTIONAL SYMPTOMS</b>				
Irritable				
Sad				
More emotional than usual				
Nervous				

To download this checklist in Spanish, please visit [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP). Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP).

## Danger signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if she or he has one or more of these danger signs:

- ☐ One pupil (the black part in the middle of the eye) larger than the other
- ☐ Drowsiness or cannot be awakened
- ☐ A headache that gets worse and does not go away
- ☐ Weakness, numbness, or decreased coordination
- ☐ Repeated vomiting or nausea
- ☐ Slurred speech
- ☐ Convulsions or seizures
- ☐ Difficulty recognizing people or places
- ☐ Increasing confusion, restlessness, or agitation
- ☐ Unusual behavior
- ☐ Loss of consciousness (even a brief loss of consciousness should be taken seriously)

## Additional information about this checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended for use only by appropriate school professionals, healthcare professionals, and the student's parent(s) or guardian(s).

## Resolution of injury:

- ☐ Student returned to class
- ☐ Student sent home
- ☐ Student referred to healthcare professional with experience in evaluating for concussion
- ☐ 911/EMS Called

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_

☐ No Signs/Symptoms or further concern for concussion, 30 min observation not indicated Staff Initial: \_\_\_\_\_

**TREATMENT:** ☐ Rest/Observation ☐ Ice ☐ Other: \_\_\_\_\_

**COMMUNICATION:** ☐ Spoke with Parent/Guardian: \_\_\_\_\_

☐ Left voice message for Parent/Guardian: \_\_\_\_\_

☒ Sent CDC's HEADS UP to School's Parent Fact Sheet home with student.

**ADDITIONAL COMMENTS:**

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\*\*\* Place completed form in student's Health Record \*\*\*

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go to **cdc.gov/HEADSUP**

