

# Ontario Amateur Softball Association - Suspected Concussion Reporting Form

Player Name: \_\_\_\_\_ Date & Time of Injury: \_\_\_\_\_

DOB YYYYMMDD: \_\_\_\_\_ Club Name: \_\_\_\_\_

Division: \_\_\_\_\_ Game/Practice Location: \_\_\_\_\_

## Injury Description

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## Reported Symptoms (Check all that apply):

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|--|--|---|
| <input type="checkbox"/> Headache          | <input type="checkbox"/> Feeling mentally foggy        | <input type="checkbox"/> Sensitive to light |
| <input type="checkbox"/> Nausea            | <input type="checkbox"/> Feeling slowed down           | <input type="checkbox"/> Sensitive to noise |
| <input type="checkbox"/> Dizziness         | <input type="checkbox"/> Difficulty concentrating      | <input type="checkbox"/> Irritability       |
| <input type="checkbox"/> Vomiting          | <input type="checkbox"/> Difficulty remembering        | <input type="checkbox"/> Sadness            |
| <input type="checkbox"/> Visual problems   | <input type="checkbox"/> Drowsiness                    | <input type="checkbox"/> Nervous/anxious    |
| <input type="checkbox"/> Balance problems  | <input type="checkbox"/> Sleeping more/less than usual | <input type="checkbox"/> More emotional     |
| <input type="checkbox"/> Numbness/tingling | <input type="checkbox"/> Trouble falling asleep        | <input type="checkbox"/> Fatigue            |

## Red Flag Symptoms (Check all that apply):

Call 911 immediately with a sudden onset of any of these symptoms

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|--|--|
| <input type="checkbox"/> Headache that worsens               | <input type="checkbox"/> Can't recognize people or places                        |
| <input type="checkbox"/> Seizures or convulsions             | <input type="checkbox"/> Increasing confusion or irritability                    |
| <input type="checkbox"/> Repeated Vomiting                   | <input type="checkbox"/> Weakness or numbness in arms/legs                       |
| <input type="checkbox"/> Loss of consciousness               | <input type="checkbox"/> Persistent or increasing neck pain                      |
| <input type="checkbox"/> Looks very drowsy/can't be awakened | <input type="checkbox"/> Unusual behavioural change                              |
| <input type="checkbox"/> Slurred speech                      | <input type="checkbox"/> Focal neurologic signs (e.g. paralysis, weakness, etc.) |

Was 911 Called?    Yes \_\_\_\_\_    No \_\_\_\_\_

Are there any other observable/reported symptoms: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what: \_\_\_\_\_

Is there evidence of injury to anywhere else on body besides head?: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where: \_\_\_\_\_

Has this player had a concussion before?: Yes \_\_\_\_ No \_\_\_\_ Prefer not to answer \_\_\_\_

If yes, how many: \_\_\_\_\_

Does this player have any pre-existing medical conditions?: Yes \_\_\_ No \_\_\_ Prefer not to answer \_\_\_

If yes, please list: \_\_\_\_\_

Does this player take any medication? Yes \_\_\_ No \_\_\_ Prefer not to answer \_\_\_\_

If yes, please list: \_\_\_\_\_

I [name of trainer completing this form]: \_\_\_\_\_ recommended to the player's parent or guardian that the player sees a medical professional immediately. A medical professional includes a medical doctor, family doctor, pediatrician, emergency room doctor, sports-medicine physician, neurologist or nurse practitioner.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Team Official Role: \_\_\_\_\_

PLEASE NOTE: This form is to be completed by the team trainer in the event of a suspected concussion in any Ontario Amateur Softball Association activity. Once this form is complete, give one copy of this report to parent/guardian and the other to the Ontario Amateur Softball Association head offices, EMAIL: [president@oasa.ca](mailto:president@oasa.ca). Parents are to take this form to a medical professional immediately.

\* Please review Ontario Amateur Softball Association Concussion Policy for list of appropriate medical professionals for diagnosis.