



**CHRISTIAN ACADEMY OF LOUISVILLE
SPORTS MEDICINE
CONCUSSION SIGNS AND SYMPTOMS CHECKLIST**

Name: _____ **Date:** _____ **Time:** _____

- | | |
|--|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Difficulty remembering |
| <input type="checkbox"/> Describing "pressure in head" | <input type="checkbox"/> Fatigue or low energy |
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Nausea and/or vomiting | <input type="checkbox"/> Drowsiness |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Trouble falling asleep |
| <input type="checkbox"/> Blurred vision | <input type="checkbox"/> More emotional |
| <input type="checkbox"/> Balance problems | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Sensitivity to noise | <input type="checkbox"/> Nervous or anxious |
| <input type="checkbox"/> Feeling "slowed down" | <input type="checkbox"/> Anisocoria |
| <input type="checkbox"/> Feeling like "in a fog" | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Ringing in ears |

Additional Notes: _____

Immediate Action Taken: _____

Athletic Trainer Signature

Date