

MGAA On Site Concussion Evaluation:

Name: _____ Age: _____ Sport: _____

Date/Time of Injury: _____

Description of Injury: _____

Has the rider ever had a concussion?	Yes	No	Unclear
Was there a loss of consciousness?	Yes	No	Unclear
Does he/she remember the injury?	Yes	No	Unclear
Does he/she have confusion after the injury?	Yes	No	Unclear

Symptoms observed at time of injury:

Dizziness	Yes	No
ringing in Ears	Yes	No
Drowsy/Sleepy	Yes	No
“Don’t Feel Right”	Yes	No
Seizure	Yes	No
Memory Problems	Yes	No
Blurred Vision	Yes	No
Vacant Stare/Glassy Eyed	Yes	No

Comments/Findings: _____

Name of Parent/Guardian Notified: _____

Final Action Taken: _____

Evaluator’s Signature: _____

Return to play Protocol following a concussion.

The following protocol was adapted from that developed by the National Federation of State High School Associations and the International Conference on Concussion in Sport, Prague 2004.

When an athlete shows **ANY** signs or symptoms of a concussion:

1. The athlete will not be allowed to return to play in the current game or practice.
2. The athlete should not be left alone, and regular monitoring for changes are essential over the initial few hours following injury.