



## ON-SITE CONCUSSION SCREENING FORM

**INSTRUCTIONS FOR USE:** This form records the initial assessment of a potential concussion incident to a competitor at an event to assist the official with overall responsibility for the event ('**Event Official**') to determine if a competitor is fit to continue competition. It is completed by the Event Official and an Event Medic who holds an Authority to Practise, i.e., EMT, Paramedic, Extended Care Paramedic, Critical Care Paramedic, or Doctor (**not a First Responder**) on-site when an incident involving a strike to the head has occurred.

WHERE A COMPETITOR REFUSES TO CONSENT TO POST-INCIDENT SCREENING WHEN REQUESTED TO DO SO BY THE EVENT MEDIC OR THE EVENT OFFICIAL, IT IS RECOMMENDED THAT THE EVENT OFFICIAL STAND DOWN THE COMPETITOR FROM COMPETITION UNTIL A DOCTOR HAS COMPLETED AND SIGNED A MEDICAL CLEARANCE TO COMPETE OR EQUIVALENT FORM.

In cases of emergency, this on-site medical screening form can be completed retrospectively by the Event Medic and the Event Official. The Event Official must provide a copy of this form to the competitor (or to the competitor's parent or legal guardian where the competitor is under 16) and must forward the original form to the sport's governing body.

### SECTION 1: DETAILS OF COMPETITOR

Name: \_\_\_\_\_  
Has the competitor consented to on-site concussion screening? Y / N  
Date of Birth: ..... / ... / .....  
Address: \_\_\_\_\_  
\_\_\_\_\_

Competition Licence Details:

Licence Number: \_\_\_\_\_

Licence Grade: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

### SECTION 2: DETAILS OF EVENT AND INCIDENT

Event Title: \_\_\_\_\_  
Event Date: \_\_\_\_\_  
Event Venue: \_\_\_\_\_  
Organising Club: \_\_\_\_\_

Incident location: \_\_\_\_\_  
(e.g., Hairpin / Pit Lane / SS 14 instruction 5 / etc.)

Incident Time: \_\_\_\_\_ AM/PM

Examination Time: \_\_\_\_\_ AM/PM

Name of Event Medic: \_\_\_\_\_

**Please circle:**

Doctor / Critical Care Paramedic / ECP / Paramedic / EMT

**SECTION 3: CONCUSSION ASSESSMENT CRITERIA**

<p><b>Symptoms of Concussion –</b>                  Competitor is showing signs of and/or has reported the following (note that symptoms may vary from person to person):</p> <ul style="list-style-type: none"> <li>- Headache <span style="float: right;">Y / N</span></li> <li>- Nausea and/or vomiting <span style="float: right;">Y / N</span></li> <li>- Feeling 'hazy, groggy or foggy' <span style="float: right;">Y / N</span></li> <li>- Difficulty concentrating <span style="float: right;">Y / N</span></li> <li>- Difficulty remembering things <span style="float: right;">Y / N</span></li> <li>- Difficulty with balance <span style="float: right;">Y / N</span></li> <li>- Feeling 'not right, or tired' <span style="float: right;">Y / N</span></li> <li>- Disorientation or reduced attention <span style="float: right;">Y / N</span></li> </ul>	<p><b>Warning signs of a severe brain injury –</b></p> <ul style="list-style-type: none"> <li>- Very drowsy or difficult to wake up</li> <li>- Very confused</li> <li>- Headache that gets much worse</li> <li>- Vomit more than twice</li> <li>- Has a seizure</li> <li>- Develop a weak arm or leg</li> <li>- Become very unsteady on standing</li> <li>- Have difficulty speaking</li> </ul>
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**SECTION 4: INVOLVEMENT IN INCIDENT**

**Has the competitor –**  
 Demonstrated or reported any of the symptoms of a concussion?  
 (*Criteria in section 3*) Y / N

Lost consciousness Y / N

Been in an incident involving a strike to the head Y / N

**SECTION 5: NOTES TO EVENT MEDIC**

**If the answer to ALL questions in section 4 is NO –** the Medic completes the On-Site Medical Form AM002

**If the answer to ANY question in section 4 is YES –** the competitor is automatically stood down from further competition and must have a registered Medical Practitioner or Nurse Practitioner, with the appropriate scope of practice, complete and sign the *Medical Clearance to Compete* form. A paramedic or Critical Care Paramedic **cannot** complete this form. The Medic is to completes the rest of the On-Site Medical Form AM002

**SECTION 6: NOTES TO COMPETITORS**

**If the answer to ANY of the questions in section 4 is YES,** the competitor **MUST** surrender their competition licence to the Clerk of the Course, and they are stood down from further competition. A registered medical practitioner must complete and sign the *Medical Clearance to Compete (AM003)* form before the competitor can have their licence returned and resume competition.

**SECTION 7: MEDIC SIGN OFF**

Signed: ..... Name: ..... Date: .....

Event medic