

# Malden High School Athletic Department

## PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

Student's Name	Sex	Date of Birth	Grade
School	Sport(s)		
Home Address	Telephone		

Has student ever experienced a traumatic head injury (a blow to the head)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

Has student ever received medical attention for a head injury? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion: \_\_\_\_\_

**\*\*By signing this document, I confirm that I have received, read, understand, and agree to the regulations regarding concussion assessment, treatment, and return-to-play as outlined in Massachusetts State Law 105 CMR 201.000.**

Parent/Guardian:  
Name: \_\_\_\_\_ Signature/Date \_\_\_\_\_  
(Please print)

Student Athlete:  
Signature/Date \_\_\_\_\_