**Western Beaver County School Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Concussion Management Program Injury Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signs/ Symptom Checklist**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Symptoms** | **Date** | **Date** | **Date** | **Date** | | **Date** | | **Date** | | **Date** | | **Date** | | **Date** | |
|  |  |  |  |  |  | |  | |  | |  | |  | |
| ***Physical Symptoms*** |  |  |  |  |  | |  | |  | |  | |  | |
| **Headache** |  |  |  |  |  | |  | |  | |  | |  | |
| **N/V** |  |  |  |  |  | |  | |  | |  | |  | |
| **Balance/dizziness** |  |  |  |  |  | |  | |  | |  | |  | |
| **Fatigue/Tired** |  |  |  |  |  | |  | |  | |  | |  | |
| **Visual Issues** |  |  |  |  |  | |  | |  | |  | |  | |
| **Light Issues** |  |  |  |  |  | |  | |  | |  | |  | |
| **Noise Issues** |  |  |  |  |  | |  | |  | |  | |  | |
| **Numb/tingling** |  |  |  |  |  | |  | |  | |  | |  | |
| **“don’t feel right”** |  |  |  |  |  | |  | |  | |  | |  | |
|  |  |  |  |  |  | |  | |  | |  | |  | |
| ***Cognitive Symptoms*** |  |  |  |  |  | |  | |  | |  | |  | |
| **Diff. thinking clearly** |  |  |  |  |  | |  | |  | |  | |  | |
| **Diff. concentrating** |  |  |  |  |  | |  | |  | |  | |  | |
| **Diff. remembering** |  |  |  |  |  | |  | |  | |  | |  | |
| **Feels slowed down** |  |  |  |  |  | |  | |  | |  | |  | |
| **Feels sluggish, hazy, groggy, foggy** |  |  |  |  |  | |  | |  | |  | |  | |
|  |  |  |  |  |  | |  | |  | |  | |  | |
| ***Emotional Symptoms*** |  |  |  |  |  | |  | |  | |  | |  | |
| **Irritable** |  |  |  |  |  | |  | |  | |  | |  | |
| **Sad** |  |  |  |  |  | |  | |  | |  | |  | |
| **Emotional/Nervous** |  |  |  |  |  | |  | |  | |  | |  | |
| **Score** |  |  |  |  |  | |  | |  | |  | |  | |