North York Knights Hockey Association
Suspected Concussion Report Form

Player Name: _______________________________ Player DOB: ____________________________

Date & Time of Injury: ______________________________ Club Name: _________________

Division: ____________ Level: _________ Game/Practice Location: __________________________

Position during Injury (please circle): Defense   Forward   Goalie

Injury Description: ☐ Collision with boards ☐ Collision with open ice ☐ Collision with opponent ☐ Fight ☐ Collision with net ☐ Checked from behind ☐ Hit by puck ☐ Hit by stick ☐ Fall on ice ☐ Other

Reported Symptoms (Check all that apply):
☐ Headache ☐ Feeling mentally foggy ☐ Sensitive to light ☐ Nausea ☐ Feeling slowed down
☐ Sensitive to noise ☐ Dizziness ☐ Difficulty concentrating ☐ Irritability ☐ Vomiting ☐ Difficulty remembering ☐
Sadness ☐ Visual problems ☐ Drowsiness ☐ Nervous/anxious ☐ Balance problems ☐ Sleeping more/less than usual
☐ More emotional ☐ Numbness/Tingling ☐ Trouble falling asleep ☐ Fatigue

Red Flag Symptoms (Check all that apply): Call 911 immediately with a sudden onset of any of these symptoms
Was 911 called? Yes ☐ No ☐
☐ Headaches that worsen ☐ Can’t recognize people or places ☐ Seizures or convulsions ☐ Increasing confusion or irritability ☐ Repeated vomiting ☐ Weakness or numbness in arms/legs
☐ Loss of consciousness ☐ Persistent or increasing neck pain ☐ Looks very drowsy/can’t be awakened
☐ Unusual behavioural change ☐ Slurred speech ☐ Focal neurologic signs (e.g. paralysis, weakness, etc.)

I, _______________________________[name of Head Coach (House League) or Team Trainer (Select/CDS) completing this form] recommend to the player’s parent or guardian that the player seeks medical assessment immediately. A medical professional includes a family doctor, pediatrician, emergency room doctor, sports-medicine physician, neurologist, or nurse practitioner.

Signature: _______________________________ Date: _______________________________

Phone Number: __________________________ Email Address: ________________________________

Are there any other observable/reported symptoms? Yes ☐ No ☐
If yes, what:
Is there evidence of injury to anywhere else on body besides head? Yes ☐ No ☐
If yes, where:
Has this player had a concussion before? Yes ☐ No ☐ Prefer not to answer ☐
If yes, how many:
Does this player have any pre-existing medical conditions or take any medication? Yes ☐ No ☐ Prefer not to answer ☐
If yes, please list: __________________________________________________________________