

PHILIPPINE BASKETBALL ASSOC INC.

SUSPECTED CONCUSSION REPORT FORM

PLAYER NAME: _____ PLAYER DOB: _____

DATE & TIME OF INJURY: _____ LOCATION (FACILITY): _____

DESCRIPTION OF INJURY/INCIDENT: _____

REPORTED & OBSERVABLE 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 if sudden onset of these symptoms is observed:

- ☐ Severe or worsening headache ☐ Neck pain or tenderness ☐ Seizure or convulsion
☐ Double vision ☐ Loss of consciousness ☐ Repeated vomiting
☐ Weakness/tingling/burning in arms/legs ☐ Deteriorating conscious state
☐ Increasingly restless, agitated, or combative

Are there any other observable/reported symptoms? ☐ Yes ☐ No

If yes, what: _____

Is there evidence of injury to anywhere else on the body besides the head? ☐ Yes ☐ No

If yes, where: _____

Has this player had a concussion before? ☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

If yes, how many: _____

Does this player have pre-existing medical conditions? ☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

If yes, please list: _____

Does this player take any medication(s)? ☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

If yes, please list: _____

I [name of coach completing this form]: _____ recommended to the player's parent or guardian that the player sees a medical doctor/nurse practitioner immediately.

Signature: _____ Date: _____ Role: _____

Phone number: _____ Email Address: _____

PLEASE NOTE: This form is to be completed in the event of a suspected concussion during training, practice, or a competition. Once complete, give one copy of this report to the athlete or their parent/guardian and another copy to PBA Chicago. This form must be taken to a medical appointment with a physician or nurse practitioner.