

**FAUQUIER COUNTY PUBLIC SCHOOLS**



**ATHLETIC TRAINING**

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**CONCUSSION HISTORY FORM**

*\*Please answer all questions thoroughly and as accurately as possible*

*\*Return this form the Athletic Training Room*

*\*This form must be on file in the Athletic Training Room PRIOR to participation*

- 1) Have you ever had a concussion or been told by a doctor that you have had a concussion? YES  NO
- 2) If yes, list the date(s) of your concussion(s): \_\_\_\_\_  
\_\_\_\_\_
- 3) Please explain how you sustained your concussion(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Did you lose consciousness or get "knocked out"? YES  NO
- 5) If yes, please state how long you were unconscious: \_\_\_\_\_
- 6) Did you see a doctor for your concussion(s)? YES  NO
- 7) If yes, when?: \_\_\_\_\_
- 8) Have you ever had to go or been taken to the Emergency Room for a head injury or concussion? YES  NO
- 9) If yes, when?: \_\_\_\_\_
- 10) Have you ever had a CAT Scan or CT Scan for a head injury? YES  NO
- 11) Have you ever been hospitalized for a head injury? YES  NO
- 12) If yes, for how long were you hospitalized?: \_\_\_\_\_
- 13) Has a doctor ever restricted your participation in games or practice because of a concussion? YES  NO
- 14) If yes, for how long were you restricted?: \_\_\_\_\_  
\_\_\_\_\_

**Student's Printed Name:** \_\_\_\_\_

**Sport(s):** \_\_\_\_\_

I \_\_\_\_\_ have reviewed the following information about my child and assert that it is correct.

**Parent Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Internal Use Only*

Received: \_\_\_\_\_ Athletic Trainer Signature: \_\_\_\_\_