The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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

This form should be completed by the student’s parent(s) or legal guardian(s). It must submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td></td>
<td>Sport(s)</td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td></td>
<td>Telephone</td>
<td></td>
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</tbody>
</table>

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: ________________

Parent/Guardian:
Name: _______________________________ Signature/Date _________________________________
(Please print)

Student Athlete:
Signature/Date _________________________________