



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

CHARLES D. BAKER  
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 Lieutenant Governor

MARYLOU SUDDERS  
 Secretary

MONICA BHAREL, MD, MPH  
 Commissioner

**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 be 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.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

**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 \_\_\_\_\_