



# BCSSA Suspected Concussion Form

Skater Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date/time of suspected concussion: \_\_\_\_\_

**The above named skater was evaluated for a suspected concussion due to:**

- Mechanism of injury
- Skater's request
- Speed skating official's request
- Skater support team's request

**The skater was evaluated by the medical personnel on site:**

|                           |                                              |
|---------------------------|----------------------------------------------|
| Name of medical personnel | Designation (i.e. St John's ambulance, etc.) |
| _____                     | _____                                        |
| _____                     | _____                                        |

**The following signs and symptoms of a possible concussion were recognized:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No signs and symptoms present- skater **was** allowed to Return to Play (RTP)

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Per the BCSSA Concussion Protocol, "if a concussion is suspected by the medical personnel the skater will be removed from the meet... The skater will not be allowed to return to the meet unless a physician's note clearing the skater for RTP has been obtained."

**Signature of attending medical personnel:** \_\_\_\_\_

**Date:** \_\_\_\_\_