

Concussion History Disclosure Form for Athletes

Athlete Information

Full Name

Date of Birth

Sport

Team/Organization

Concussion History

How many diagnosed concussions have you had?

Date of most recent concussion

Have you ever experienced symptoms of concussion but did not report them?

Details of Past Concussions

#	Date	Cause (e.g., sport, fall)	Symptoms	Time to Recovery (days)
1				
2				
3				

Additional Relevant Medical History or Comments

Athlete Signature

Date

