

# On-Field Concussion Incident Report

Date of Incident

Time of Incident

Location

Team/Club

Athlete Name

Athlete Age

Athlete Gender

## Incident Details

Description of Incident

Witnesses

## Observed Signs & Symptoms

Signs Observed

Symptoms Reported

## Immediate Action Taken

First Aid / Medical Action

Did athlete return to play?

Additional Notes

**Report Completed By**

Name

Role (e.g. coach, medic, referee)

Signature

Date