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COLLEGE OF MARIN

PHYSICAL EDUCATION

Pre-Participation Head Injury/Concussion

Name of Athlete:_____

Sport/season:_____ Gender F/M:_____ Date Received:_____

**This is kept confidential

Have you ever experienced a traumatic head injury (a blow to the head)? ☐ Yes ☐ No

If YES, when? Dates (month/year):

Were you Diagnosed with a concussion? ☐ Yes ☐ No

If YES, when? Dates (month/year):_____

Duration of symptoms (such as headache, difficulty concentrating, fatigue) for a most recent concussion:

_____

Have you ever received medical attention for a head injury? ☐ Yes ☐ No

If YES, when? Dates (month/year):_____

If YES, please describe the circumstances:

Do you have or have you ever been diagnosed with any of the following (Please check):

☐ Migraine

☐ Depression

☐ Anxiety/Nervousness

☐ Attention-deficit Hyperactivity disorder(ADHD)

☐ Learning disabilities

☐ Sleep disorders

☐ Other mental disorder(s);

☐ None of the above