



BCSSA Suspected Concussion Form

Skater Name: _____

DOB: _____

Date/time of suspected concussion: _____

Skater or parent/guardian/team manager has refused the concussion evaluation and the skater will not be allowed to continue on with the meet

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)

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: _____

Signature of Chief Referee: _____

Signature of parent/guardian or coach or team manager: _____