



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER  
 Governor

KARYN E. POLITO  
 Lieutenant Governor

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 Secretary

MONICA BHAREL, MD, MPH  
 Commissioner

**PRE-PARTICIPATION HEAD  
 INJURY/CONCUSSION REPORTING FORM  
 FOR EXTRACURRICULAR ACTIVITIES**

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Has student ever experienced a traumatic head injury (a blow to the head)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

Has student ever received medical attention for a head injury? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion: \_\_\_\_\_

Parent/Guardian:  
 Name: \_\_\_\_\_ Signature/Date \_\_\_\_\_  
 (Please print)

Student Athlete:  
 Signature/Date \_\_\_\_\_