



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

The Commonwealth of Massachusetts

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

CHARLES D. BAKER  
 Governor

KARYN E. POLITO  
 Lieutenant Governor

MARYLOU SUDDERS  
 Secretary

MONICA BHAREL, MD, MPH  
 Commissioner

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 \_\_\_\_\_