**PREPARTICIPATION PHYSICAL EXAMINATION**

**Student-Athlete Concussion Compliance Statement**

- Check off
  - I understand that it is my responsibility to report all injuries/illness to the Queens College Sports Medicine Staff and/or the team physician
  - I have read and understand the NCAA Concussion Fact Sheet

**AFTER READING THE NCAA CONCUSSION FACT SHEET, I AM AWARE OF THE FOLLOWING INFORMATION:**

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**Initial**

A concussion is a brain injury, which I am responsible for reporting the QC Sports Medicine Staff

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**Initial**

A concussion can affect my ability to perform everyday activities and affect reaction time, balance, sleep, concentration, and classroom performance

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**Initial**

Concussion do NOT always cause loss of consciousness. Some of the common symptoms include: headache, memory issues, nausea, dizziness, blurred vision, feeling like in a “fog”, sensitivity to bright lights and loud noises.

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**Initial**

You Cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up HOURS or DAYS after injury

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**Initial**

If I suspect that I or a TEAMMATE has a concussion. I am responsible for reporting the possible injury to the QC Sports Medicine Team

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**Initial**

I WILL NOT RETURN TO PLAY in the game or practice if I have received a blow to the head or body that results in concussion related symptoms

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**Initial**

Following a concussion, the brain needs time to heal. I am much more likely to have a repeat concussion if I return before my symptoms resolve

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**Initial**

In rare cases, repeat concussion can cause permanent brain damage; and in severe cases death

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**Initial**

I agree to do the following in the event I sustain a concussion or think that I may have sustained a concussion:

1. I WILL NOT HIDE IT. I WILL TELL THE QC SPORTS MEDICINE STAFF AND MY COACH.
2. I WILL REPORT THE CONCUSSION – I WILL NOT CONTINUE TO PLAY IN A GAME OR PRACTICE WITH SYMPTOMS.
3. I WILL GET CHECKED OUT – I WILL SEE THE QC SPORTS MEDICINE STAFF AND/OR TEAM PHYSICIAN FOR TREATMENT AND CARE.
4. I WILL TAKE TIME TO RECOVER. I WILL NOT RETURN TO PLAY UNTIL CLEARED BY THE TEAM PHYSICIAN AND PERFORMED MY “RETURN TO PLAY PROTOCOL” PER QC CONCUSSION POLICY

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I ______________________________________ have carefully read the Queens College Concussion Compliance Document. I agree to report any past and future concussion or suspected concussion episode(s) to the QC Sports Medicine Team. I further state that the information above pertaining to head injuries and concussions in sport has benefited me educationally and made me more aware of the risks and dangers associated with concussions. I agree to do my part and be responsible for reporting head injuries and concussions to the Queens College Sports Medicine Team.

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Student-Athlete Signature: ___________________________________________ Date: ____________________

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Sport(s): __________________________________________________________