

Concussion Questionnaire

Answer the following questions by checking the appropriate box

	Yes	No
1. Do you require that parent(s)/guardian(s) annually sign waivers, including hold harmless agreements, prior to athletic participation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you require athletes to obtain an annual physical exam prior to athletic participation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a formal, written concussion management program that is compliant with current state legislation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Please confirm applicable concussion management procedures:		
a. Athletes and parents are provided concussion awareness information	<input type="checkbox"/>	<input type="checkbox"/>
If yes , does concussion awareness information include:		
Risks of concussion	<input type="checkbox"/>	<input type="checkbox"/>
Potential consequences of multiple concussions or inadequate treatment	<input type="checkbox"/>	<input type="checkbox"/>
Prevention and mitigation practices	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms of concussion	<input type="checkbox"/>	<input type="checkbox"/>
Return to play guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Do athletes and parents confirm that the above information was received in writing by signature and date?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are concussion awareness signs posted in the gym, locker rooms, offices and/or meeting rooms?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do all athletes have a Baseline Concussion Test prior to athletic participation?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all coaches and staff trained in CPR and First Aid?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all coaches and staff trained in Concussion Recognition?	<input type="checkbox"/>	<input type="checkbox"/>
f. If a sport requires helmets, are helmets reconditioned and recertified annually by an NAERA member (licensed to recondition by NOCSAE)?	<input type="checkbox"/>	<input type="checkbox"/>
g. If a sport requires helmets, are helmets retired when annual recertification is declined?	<input type="checkbox"/>	<input type="checkbox"/>
h. If a sport requires helmets, do you utilize concussion impact monitoring technology?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , who monitors the technology and results?		
i. Other management procedures, please describe:		

Answer the following questions by checking the appropriate box *Continued*

	Yes	No
5. Please confirm applicable protocol for a suspected concussion:		
a. Remove participant from play	<input type="checkbox"/>	<input type="checkbox"/>
b. Inform participant's parents/guardians and redistribute concussion awareness information	<input type="checkbox"/>	<input type="checkbox"/>
c. Require healthcare professional evaluation	<input type="checkbox"/>	<input type="checkbox"/>
d. Require adjusted classroom activity during recovery	<input type="checkbox"/>	<input type="checkbox"/>
e. Require medical clearance prior to returning to active practice and game participation	<input type="checkbox"/>	<input type="checkbox"/>
f. Require post-concussive neurocognitive testing as part of medical clearance	<input type="checkbox"/>	<input type="checkbox"/>
g. Require post-concussion physical activity program to monitor the participant prior to returning to game participation	<input type="checkbox"/>	<input type="checkbox"/>
h. Other protocols, please describe:		
6. Do have Accident Insurance in place for athletic participants?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. What are the Accident Medical Expense (AME) and Death/Dismemberment limits?		
b. If applicable, what Catastrophic AME limit is in place?		
7. Do you verify that participants have health insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>
8. If claims-made coverage is requested, please provide date(s) that concussion management procedures/protocol were implemented:		

Completed by _____

Title _____

Signature of Applicant _____

Date _____