



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
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Pre-Participation Head Injury/Concussion Reporting Form  
 for Extracurricular Athletic Activities

This form should be completed by the student's parent(s) or legal guardian(s). Please submit this form 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 Information**

|                |              |               |       |
|----------------|--------------|---------------|-------|
| Student's name | Sex          | Date of birth | Grade |
| School name    | Sport(s)     |               |       |
| Home address   | Phone number |               |       |

|  |
|--|
| Has student ever experienced a traumatic head injury (a blow to the head)? Yes_____ No_____<br>If yes, when? Dates (month/year):                                       |
| Has student ever received medical attention for a head injury? Yes_____ No_____<br>If yes, when? Dates (month/year):<br><br>If yes, please describe the circumstances: |
| Was student diagnosed with a concussion? Yes_____ No_____<br>If yes, when? Dates (month/year):   |
| How long did symptoms last for the most recent concussion? (i.e., headache, difficulty concentrating, fatigue)   |