

## **CONCUSSION REFERRAL AND RETURN FORM**

#### RECOGNISE · REMOVE · RECORD · REFER

- 1 At the time of observing signs/symptoms, Complete Section 1 and provide form to player
- 2 Player rests and starts Graduated Return To Play (GRTP) steps in RA Concussion Management Procedure
- 3 Player visits Appropriately Trained Healthcare Practitioner (ATHP) within 72 Hours
- 4 Player continues through GRTP, monitoring for any increased symptoms
- 5 Player visits Medical Doctor for final sign-off

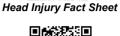
For players aged 18 years and under: Medical Doctor to provide final sign-off after minimum 18 days For players aged 19 years and over: Medical Doctor to provide final sign-off after minimum 11 days

6 - Completed form sent to Competition Manager for review and update Case Record

MINIMUM RETURN TO **PLAY PERIODS** 

For players aged 18 years and under = 21 Days For players aged 19 years and over = 12 Days







Concussion Management Procedure

FAILURE TO COMPLETE ANY SECTION OF THIS FORM WILL RESULT IN THE PLAYER BEING EXCLUDED

INDEFINITELY FROM FULL CONTACT TRAINING AND PLAYING					
SECTION 1 - PLAYER DETAILS (please print clearly)					
TEAM OFFICIAL TO COMPLETE (Manager, Coach or First Aid / Medical Officer) AT THE TIME OF THE INJURY. PLAYER PRESENTS TO MEDICAL DOCTOR or ATHP FOR INITIAL CONSULTATION.					
Name of player: Date of Birth:					
Club/School:	Competition/State:				
Dear Doctor, This rugby player has presented to you today because they were injured on (day & date of injury) in a (game or training session) and suffered a concussion or suspected concussion.					
	Ball Carrier				
The Role of the Player involved: (select one option)	Tackler				
(0000000)	Other				
The Injury involved: (select one option)	Direct head blow or knock				
	Indirect injury to the head e.g. whiplash injury				
	No specific injury observed				
The subsequent signs or symptoms were observed (Please select one or more)  Consult the referee if no signs/symptoms were observed by team official personnel  Loss of consciousness:  Difficulty Concentrating:					
Disorientation:	Sensitivity to light:	L			
Incoherent Speech:	Ringing in the ears:				
Confusion:	Fatigue:				
Memory Loss:	Vomiting:				
Dazed or Vacant Stare	Blurred vision				
Headache:	Loss of balance:				
Dizziness:	Other:				
Is this their first concussion in the last 12 months? (Please Circle)  YES  NO					
If NO, how many concussions in the last 12 months:					
Name: Signature:	Role:	Date:			
	N CONSENT (for players under 18 years of age)				
I(insert name) consent to the treating Medical Doctor(s) or Appropriately Trained Healthcare Professional(s) to providing information if required to Rugby Australia concussion consultant regarding my head injury and confirm that the information I have provided the doctor is complete and accurate.					
Name:	Signature:	Date:			



# **CONCUSSION REFERRAL AND RETURN FORM (continued)**

## **SECTION 2 - INITIAL CONSULTATION**

#### MEDICAL DOCTOR or ATHP ASSESS THE PLAYER WITHIN 72 HOURS OF SIGNS/SYMPTOMS BEING OBSERVED

Rugby Australia takes concussion seriously and its default position is that all players who have suffered a concussion or a suspected concussion must be treated as having suffered concussion.

The player has been informed that they must be referred to a Medical Doctor or ATHP. Your role is to assess the player and guide their progress over the remaining steps in the process.

Detailed guidance for you, the Medical Doctor or ATHP, on how to manage concussion can be found in Rugby Australia's Concussion Management for Medical Doctors and Appropriately Trained Healthcare Practitioners information document.

**Please note:** any player who has been diagnosed showing signs and symptoms of concussion (or suspected concussion) MUST follow the Graduated Return to Play (GRTP) programme.

Medical Doctor & ATHP
Information Document

For players aged <u>18 years and under</u>: **Minimum** period before Return to Play is **21 Days**For players aged 19 years and over: **Minimum** period before Return to Play is **12 Days** 

- assessed the player; and
- read and understood the information above: and

	· ·	Medical I	Doctors and Appropriately Trained Healthcare
RECORDED OBSERVATIONS:	Please add details of continuing sign recovery plan	ns/symptoms	s of Concussion (or suspected Concussion) and/or recommended
PROFESSION:	☐ MEDICAL DOCTOR	Or	ATHP QUALIFICATION:
NAME:			AND
			Online Course completed within the past 12 months (one of the below):
SIGNED:			☐ Australian Sports Commission — Concussion in Sport for Healthcare Practitioners
DATE:			☐ World Rugby – Concussion Management for Medical Practitioners and Healthcare Professionals

## **SECTION 3 - CLEARANCE APPROVAL**

For players aged 18 years and under: Medical Doctor to complete minimum 18 days following date of injury

For players aged 19 years and over: Medical Doctor to complete minimum 11 days following date of injury

As a Medical Doctor I have reviewed \_\_\_\_\_\_(players name) today and based upon the evidence presented to me by them and their family / support person, and upon my history and physical examination I can confirm:

- I have reviewed Section 1 of this form and specifically the mechanism of injury and subsequent signs and symptoms
- The Player has undertaken the age specific mandatory rest period
- The Player has completed steps 2, 3 and 4 of Rugby Australia's Graduated Return to Play process without evoking any recurrence of symptoms
- The Player has returned to school, study or work normally and have had no symptoms related to concussion for at least the past:
  - 14 Days for a player aged 18 years of age or less
  - 7 Days for a player aged 19 years of age or more

I also confirm that I have read Rugby Australia's Concussion Management for Medical Doctors and Appropriately Trained Healthcare Practitioners information document.

Medical Doctor & ATHP
Information Document

I therefore approve that this player may return to full contact training (Stage 5 of the Graduated Return To Play) and if they successfully complete this without recurrence of symptoms, the player may return to playing Rugby.

For players aged <u>18 years and under</u>: **Minimum** period before Return to Play is **21 Days**For players aged 19 years and over: **Minimum** period before Return to Play is **12 Days** 

Doctors Name: Signature: Date: