



<b>RECOGNISE · REMOVE · RECORD · REFER</b>		
<p><b>1 – At the time of observing signs/symptoms</b>, Complete Section 1 and provide form to player</p> <p><b>2 – Player rests</b> and starts Graduated Return To Play (GRTP) steps in RA Concussion Management Procedure</p> <p><b>3 – Player visits</b> Appropriately Trained Healthcare Practitioner (ATHP) within <b>72 Hours</b></p> <p><b>4 – Player continues</b> through GRTP, monitoring for any increased symptoms</p> <p><b>5 – Player visits</b> Medical Doctor for final sign-off</p> <p style="color: blue; font-style: italic;">For players aged <u>18 years and under</u>: Medical Doctor to provide final sign-off after minimum 18 days</p> <p style="color: blue; font-style: italic;">For players aged <u>19 years and over</u>: Medical Doctor to provide final sign-off after minimum 11 days</p> <p><b>6 – Completed form sent to Competition Manager</b> for review and update Case Record</p>	 <b>Head Injury Fact Sheet</b>   <b>Concussion Management Procedure</b>	
<b>MINIMUM RETURN TO PLAY PERIODS</b>	<p style="text-align: center;">For players aged <u>18 years and under</u> = 21 Days</p> <p style="text-align: center;">For players aged <u>19 years and over</u> = 12 Days</p>	
<b>FAILURE TO COMPLETE ANY SECTION OF THIS FORM WILL RESULT IN THE PLAYER BEING EXCLUDED INDEFINITELY FROM FULL CONTACT TRAINING AND PLAYING</b>		

<b>SECTION 1 - PLAYER DETAILS</b> <i>(please print clearly)</i>	
<b>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.</b>	
<b>Name of player:</b>	<b>Date of Birth:</b>
<b>Club/School:</b>	<b>Competition/State:</b>

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.**

<b>The Role of the Player involved:</b> (select one option)	<b>Ball Carrier</b>	<input type="checkbox"/>
	<b>Tackler</b>	<input type="checkbox"/>
	<b>Other</b>	<input type="checkbox"/>
<b>The Injury involved:</b> (select one option)	<b>Direct head blow or knock</b>	<input type="checkbox"/>
	<b>Indirect injury to the head e.g. whiplash injury</b>	<input type="checkbox"/>
	<b>No specific injury observed</b>	<input type="checkbox"/>

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

<b>Loss of consciousness:</b> <input type="checkbox"/>	<b>Difficulty Concentrating:</b> <input type="checkbox"/>
<b>Disorientation:</b> <input type="checkbox"/>	<b>Sensitivity to light:</b> <input type="checkbox"/>
<b>Incoherent Speech:</b> <input type="checkbox"/>	<b>Ringing in the ears:</b> <input type="checkbox"/>
<b>Confusion:</b> <input type="checkbox"/>	<b>Fatigue:</b> <input type="checkbox"/>
<b>Memory Loss:</b> <input type="checkbox"/>	<b>Vomiting:</b> <input type="checkbox"/>
<b>Dazed or Vacant Stare</b> <input type="checkbox"/>	<b>Blurred vision</b> <input type="checkbox"/>
<b>Headache:</b> <input type="checkbox"/>	<b>Loss of balance:</b> <input type="checkbox"/>
<b>Dizziness:</b> <input type="checkbox"/>	<b>Other:</b> _____

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:
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<b>PLAYER or PARENT / LEGAL GUARDIAN CONSENT (for players under 18 years of age)</b>		
<p>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.</p>		
Name:	Signature:	Date:

## 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.



**Medical Doctor & ATHP  
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 (GRTTP) programme.

*For players aged 18 years and under: **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***

As a Medical Doctor or Appropriately Trained Healthcare Practitioner, I have:

- assessed the player; and
- read and understood the information above; and
- read Rugby Australia's Concussion Management for Medical Doctors and Appropriately Trained Healthcare Practitioners information document.

**RECORDED  
OBSERVATIONS:**

*Please add details of continuing signs/symptoms of Concussion (or suspected Concussion) and/or recommended recovery plan*

**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 18 years and under: **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:**