San Diego State University
Athletic Medicine Program

Student-Athlete Concussion Statement
(Please initial each statement.)

_____ I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or 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:

_____ A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.

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

_____ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

_____ If I suspect a teammate has a concussion, I am responsibility for reporting the injury to my team physician or athletic trainer.

_____ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

_____ Following a concussion, the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

_____ In rare cases, repeat concussions can cause permanent brain damage or even death.

_________________________________________  _________________________
Signature of Student-Athlete                Date

_________________________________________
Printed Name of Student-Athlete