Fallbrook Union



ligh School

Athlete: Grad Yr:	Yr:	Concuss	Concussion Symptom	m Scale	Rate your None N	Rate your symptoms using this scale: None Mild Moderate Severe	າg this scale: te Severe
Symptoms	Date:	5	-		0 1		(D
Headache	1	Dale.		Date:	Date:	Date	Date:
Pressure in head	MASSAL MASSALES OF						Dale.
Neck pain						# # # # # # # # # # # # # # # # # # #	
Nausea or vomiting	Marie Seconda						
Dizziness (spinning or movement sensation)						material for a second figures of the second figure	
Blurred vision	Street superior						
Balance problems					100	The state of the s	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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Sensitivity to noise						13	
Feeling slowed down	The state of the s	に、経営は対象があってい					
Feeling like "in a fog"							
"Don't feel right"		ENVIOLENCE SECTION					
Difficulty concentrating							
Difficulty remembering	144	The Court of the C	58.5				
Fatigue or low energy							ときている (株式の)のでは、 では、 では、 では、 では、 では、 では、 では、
Confusion		A DESCRIPTION OF THE PERSON OF	Tellin sales a ser				
Drowsiness							A STATE OF THE STA
Trouble falling asleep							
Tinnitus							
Irritibility		也是			第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十		
Sadness						The state of the s	
Nervious or anxious							
Daily Total							から、 10 mm 1
	Yes No	Yes No	Yes No	1	1		
If so how long with mental activity?	Yes No	- 1	1	1	1	Yes No	Yes No
n so, now long can you tolerate mental activities?	- 1		100	Tes No	Yes No	Yes No	- 1
Do they worsen with physical activity?	Yes No	V ₃₃		mins	mins	- 1	
Are you having any trouble in your classes?	Yes No	1		Yes No	Yes No	Yes No	Yes No
ii so, what kind of trouble & in which classes?		I CO	res No	Yes No	Yes No		- 1
						-	1