Form 1: QRSS Concussion Referral and Return Form

Privacy Statement

The Department of Education (DoE) is collecting this personal information for the purpose of determining whether the student listed in Section 1 (below) can return to Queensland Representative School Sport (QRSS), or to support the nominated student's return to learn and play following a suspected concussion. This information will only be accessed by authorised QRSS staff. In accordance with section 426 of the Education (General Provisions) Act 2006 (regarding student's personal information) and the Information Privacy Act 2009 (parent/carer's personal information) this information will not be disclosed to any other person or body unless DoE has been given permission or is required or authorised by law to disclose the information.

SECTION 1 – STUDENT & INCIDENT DETAILS (please print clearly) *This section **MUST** be completed by a designated first aid officer / team official at the representative school sport event at the **time / on the day of the injury** to provide to the medical practitioner who is treating the student.*	
Name of student:	**Date of birth:**
Region/District/School:	**Competition:**
Venue of incident:	**Date & time of incident:**

Dear Medical Practitioner

This student has presented to you today because they were injured on the date and time above in a (game or training session) _____ and suffered a potential head injury or concussion.

The injury involved: *(select one option)*	Direct blow or knock to the head	☐
	Indirect injury to the head e.g.: whiplash/ translational force	☐
	No specific injury observed	☐

The subsequent signs or symptoms were observed (please select one or more):
Consult the referee/umpire if no signs and symptoms were observed by team official personnel

☐ Loss of consciousness	☐ Dazed or vacant stare	☐ Ringing in the ears
☐ Disorientation	☐ Headache	☐ Fatigue
☐ Incoherent speech	☐ Dizziness	☐ Vomiting
☐ Confusion	☐ Difficulty concentrating	☐ Blurred vision
☐ Memory loss	☐ Sensitivity to light	☐ Loss of balance
☐ Other:		
Is this their first concussion in the last 12 months? ☐ Yes ☐ No		
If NO, how many concussions in the last 12 months:		

Name:	**Role:**
Signature:	**Date:**

SECTION 2 – INITIAL CONSULTATION

Medical Practitioner to assess the player within 72 hours of signs/symptoms being observed

Queensland Representative School Sport 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 student has been informed that they must be referred to a Medical Practitioner. Your role is to assess the student and guide their progress over the remaining steps in the process.

Detailed guidance for you, the medical practitioner, on how to manage concussion can be found at the Concussion in Australian Sport website www.concussioninsport.gov.au

Please note, any student who has been diagnosed showing signs and symptoms of concussion or suspected concussion ***MUST*** follow the Australian Sports Commission Graduated Return to Sport Framework (GRTSF).

For children and adolescents aged under 19, the student must be symptom free for 14 days before return to any contact training. The minimum time for return to competitive contact is 21 days.

From reviewing information contained in Section 1, if you believe the student has not sustained a concussion, please complete *Form 2: QRSS Concussion Management Alternative Diagnosis Referral Form*.

I have assessed the person, and I have read and understand the information above.

Medical Practitioner details

Name:	Medical Practice (stamp or details):
Signature:	
Date:	

SECTION 3 – CLEARANCE APPROVAL

I _____ (**medical practitioner's name**) have reviewed_____ (**students 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 student has been symptom-free for at least 14 days
- The student will not return to competitive contact in less than 21 days from the time of concussion
- The student has completed the Graduated Return to Sport Framework process without evoking any recurrence of symptoms and have no symptoms related to this activity.
- The student has return to school normally and has no symptoms related to this activity.

I therefore approve that this student may return to full contact training and if they successfully complete contact training without recurrence of symptoms, the student may return to playing sport (competitive contact).

Medical Practitioner details

Name:	Medical Practice (stamp or details):
Signature:	
Date:	