| CONCUSSION INJURY ADVICE  | Venue/Event:                 |
|---|------------------------------|
| (To be given to the <b>person monitoring</b> the concussed athlete)   | Patients Name:               |
| This patient has recovered from an injury to the head. A careful medical examination has been carried out and no sign of serious complications has been found. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating doctor will provide guidance as to this time frame. | Date/Time of Injury:         |
| If you notice any change in behaviour, vomiting, dizziness, worsening headache, double vison or excessive drowsiness, please contact your doctor or the nearest hospital emergency department immediately.  | Date/Time of medical review: |
| Other Important points:   | Treating Medical Officer:    |
| <ul> <li>Rest (physically and mentally) including training or playing sports until symptoms resolve and you are medically cleared</li> <li>No alcohol</li> </ul>  |                              |
| <ul> <li>No prescription or non-prescription drugs without medical supervision</li> <li>Specifically</li> <li>No sleeping tablets</li> </ul>  | Contact Details:             |
| Do not use aspirin, anti-inflammatory medication or sedating pain killers - Do not drive until medically cleared  |                              |
| - Do not train or play sport until medically cleared  |                              |
| Clinic Phone Number:  |                              |
|   |                              |