



Student Head Injury Reporting Tool for Schools 2023-2024

This form meets requirements under RCW 28A.600 and RCW 43.703 for reporting student head injury information sustained during athletics and other activities for public k-12 schools. The reporting form handbook can be found at <https://doh.wa.gov/you-and-your-family/injury-and-violence-prevention/traumatic-brain-injuries/student-head-injury-concussion-reporting> or contact for technical assistance by email at StudentConcussionReporting@doh.wa.gov or phone at 360.236.2863.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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* Required

1. Did the injury occur during school or during a school sponsored activity or sport? *

Yes

No, happened outside of school or school activity

2. Was the concussion diagnosed by a licensed health care provider? *

Confirmed diagnosis by a MD, DO, ARNP, or PA.

Yes

No

3. This injury is not required to be reported under RCW 28A.600 if the concussion did not occur during school activities or sports and was not diagnosed by a licensed health professional. You may still choose to have this student's injury recorded due to impacts on their academic participation. Would you like to continue? *

Yes

No

4. Reporting individual's email *

This email must be associated with a school, school district, or ESD

5. Reporting school (spell out completely using abbreviations only for Jr/Sr , i.e. Roosevelt Elementary; Thurgood Marshall Middle School; Glacier View Jr High; Capitol High, Colville Sr High *)

6. Reporting school district*

7. Student's grade *

Pre-k or Kindergarten

1st

2nd

3rd

4th

5th

6th

7th

8th

9th

10th

11th

12th

8. Student's age *

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

9. Student's sex at birth? *

Male

Female

10. Student's identified gender

This question is voluntary

Feminine

Masculine

Non-binary

Prefer not to say

Other

11. Student identified race/ethnicity

Check all that apply. Specific Tribe or Peoples can be listed in other for any category.

- American Indian/Alaskan Native
- Asian
- Black or African American
- Hispanic/Latino or Spanish origin
- Native Hawaiian or other Pacific Islander
- White
- Prefer not to say
- Other

12. Date student received the injury resulting in a concussion *



13. How many concussions has the student had prior to this injury? *

0

1

2

3

4

5 or more

Unknown

14. If student has had a previous concussion, approximate date of last injury (if known).



15. Who initially examined the student at the time of the current injury? *

- Athletic Trainer
- Coach
- Registered Nurse/School Nurse
- Health Room Assistant
- EMT
- Physician
- Office Staff/Secretary/Administrative Assistant
- Teacher
- School para-professional
- School administrator
- Parent
- No one
- Unknown
- Other

16. How many days was the student absent from school due to the concussion? (Only count scheduled school days, not holidays or weekends or planned school breaks) *

- 0, the student returned the same day or following day (even if it was only a portion of the day)
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 - 10 days
- > 10 days

17. Location of where the injury occurred (Select as many as apply; provide specific details for location such as streets or intersections in "other" tab)

Bathroom

Stairs

Hallway

Gym/court/training room (Indoors)

Sports field/course/playing court (Outdoors)

Sidewalk near or on school grounds

Crosswalk near or on school grounds

School Bus

Bus Stop

Public transportation

Personal vehicle

Playground

Home

Park

Business

Landmark

Path or Trail

Street

Intersection

Pedestrian/bike amenities (Sidewalks/bike lanes)

Other

18. What activity or sport was the student participating in when they were injured? *

- Football
- Soccer
- Basketball
- Wrestling
- Volleyball
- Cheerleading
- Softball
- Swimming
- Baseball
- Track & field/cross country
- Recess/playground
- PE class
- Classroom (not PE)
- Class change/in hallway
- Physical altercation
- Driving/riding in or on a motor vehicle
- Bicycling/skating/scooter
- Walking

19. On what type of surface did the injury occur? *

- Artificial Turf
- Grass or natural turf
- Polymeric rubber (running tracks)
- PVC, Vinyl or Wooden Court
- Clay
- Asphalt
- Concrete
- Gravel
- Sand
- Carpeted floor
- Tiled/Plank flooring
- Unknown
- Other

20. Was protective head equipment worn at the time of the injury? *

- Yes
- No
- N/A, protective head equipment is not used in this sport/activity or for this player's position or it was non-sport related
- Unknown

21. If a school activity or sport, what level of activity was the student participating in at the time of injury?

- Practice/non-competing
- Game/competition
- Side lines/spectator
- Travel to or from event
- N/A - Not school sanctioned sport or activity
- Other

22. Was the student removed from the activity at the time of the injury? *

- Yes
- No
- Unknown
- N/A, student was not participating in a school sanctioned activity or sport

23. Was the student given a written authorization to return to the activity? *

- Yes and student returned
- Yes but student did not return
- No
- Unknown

24. Date student was authorized to return to play?



25. Did the student have a modified instructional plan for any length of time as a result of the concussion injury? (IEP, 504, or student-teacher in-classroom contract/agreement) *

- Yes
- No
- Unknown or n/a

26. Was student able to return to their typical learning environment? *

- Yes
- No
- Unknown

27. Date student returned to their typical learning environment? *

28. Provide any notes related to diagnosis, location, cause of event or clarification of any multiple choice selections as needed.

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