

Student Head Injury Reporting Form for Schools - PREVIEW

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.

Information collected via this survey may be subject to release in accordance with RCW 42.56 (Public Records Act).

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.

* Required

1. Reporting individual's email *

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

2. Reporting School *

3. Reporting school district *

4. Student's grade *

5. Student's age *

6. What is students sex at birth? *

- Male
- Female

7. Student's identified gender

This question is voluntary

- Masculine
- Feminine
- Non-binary
- Prefer not to say
- Other

8. Student Identified Race/Ethnicity

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

- White
- Black
- Asian
- American Indian/Alaskan Native
- Pacific Islander
- Hispanic/Latino
- Prefer not to say
- Other

9. Was the concussion medically diagnosed?

Diagnosed by a MD, DO, ARNP, or PA

- Yes
- No

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

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

11. Date injury happened that resulted in a diagnosed concussion *

Please input date (M/d/yyyy)



12. Physical geographic location the injury leading to a concussion occurred *

13. Has student had a previous concussion *

- Yes
- No
- unknown or unsure

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

Please input date (M/d/yyyy)



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

- Yes
- No, happened outside of school or school activity

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

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

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

18. Was protective head equipment worn at the time of the event? *

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

19. What level of activity was the student participating in *

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

20. When during the activity did the injury occur?

21. 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

22. Was the student given a written authorization to return to the activity by the end of the season in which the injury occurred *

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

23. Date student was authorized to return to play?

Please input date (M/d/yyyy)



24. If known, what caused the event?

25. Did student have a modified instructional plan for any length of time? *

Yes

No

Unknown or n/a

26. Was student authorized to return to their normal learning environment? *

Yes

No

Unknown

27. Date student was authorized to return to their normal learning environment *

Please input date (M/d/yyyy)

