

MANDATORY HEAD INJURY SYMPTOM CHECKLIST
(Report any of the following symptoms over the last 24 hours)

Reported Symptoms Over the Last 24 hours	Yes	No	Explanation (Required for Yes Answers)
Headache			
Nausea			
Vomiting			
Balance Problems			
Dizziness			
Fatigue			
Trouble Falling Asleep			
Sleeping More Than Usual			
Sleeping Less Than Usual			
Drowsiness			
Sensitivity to Light			
Sensitivity to Noise			
Irritability			
Sadness			
Nervous/ Anxious			
Feeling More Emotional			
Numbness or Tingling			
Feeling Slowed Down			
Feeling Like "In A Fog"			
Difficulty Concentrating			
Difficulty Remembering			
Visual Problems			
OTHER			

Student Name: _____ Date of Injury : _____

Parental/ Guardian Signature/ Date: _____ Student Signature/ Date: _____

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Parental/ Guardian Signature/ Date: _____ Student Signature/ Date: _____