CHECK LIST TO BE COMPLETED FOLLOWING A FALL OF RIDER.

Any yes responses and the rider will need to be checked by a doctor before continuing with activity.

Name:	Cl	ub:					
Signs/symptoms	Yes	No	Yes	No	Yes		Comments
To be checked x3 with intervals of 15 minutes.	tick	tick	tick	tick	tick	tick	
Concussion should be suspected if on	e or	mor	e of 1	the f	ollov	ving	visible clues, signs,
symptoms or errors in memory questions are present:							
1. Visible clues of suspected concussion			<u> </u>				
Loss of consciousness or responsiveness							
Lying motionless on ground / Slow to get up							
Unsteady on feet / Balance problems or falling							
over / In-coordination							
Grabbing / Clutching of head							
Dazed, blank or vacant look							
Confused / Not aware of plays or events							
Presence of any one or more of the fo	llow	ing s	igns	& s	vmp	toms	may suggest a
concussion:		8	8		J I		v 88
2. Signs and symptoms of suspected concussion							
"Pressure in head"				1		I	
Loss of consciousness							
Headache							
Seizure or convulsion							
• Dizziness							
Confusion							
Feeling slowed down							
More emotional							
• Drowsiness							
Blurred vision							
Nausea or vomiting							
Sensitivity to light							
 Fatigue or low energy Nervous or anxious							
Difficulty remembering							
Difficulty concentrating							
"Don't feel right"							
• Feeling like "in a fog"							
Balance problems							
• Irritability							
• Sadness							
• Amnesia		1			+	-	
Neck Pain							
Sensitivity to noise				<u> </u>	†		
-	ne c	orra	ctlv	max	/ S1104	Test	a concussion
Failure to answer any of these questions correctly may suggest a concussion.							
3. Memory function "What young are we at today?"					T	1	
"What venue are we at today?"				-	-		
"Which horse are you riding today?"		-		-	 	<u> </u>	
"Which club are you a member of?"				<u> </u>	<u> </u>	<u> </u>	
Name of First Aider:			D	ate:			

Time:

Signature: