RUGBY AUSTRALIA

CONCUSSION REFERRAL & RETURN FORM

This Concussion Referral & Return Form MUST be completed as specified by ***Rugby Australia Concussion Procedure.***

NOTE: THIS IS A LEGAL DOCUMENT AND UPON COMPLETION (Sections 1-3) MUST BE PROVIDED TO THE COMPETITION MANAGER BEFORE A PLAYER RETURNS TO FULL CONTACT TRAINING AND PLAYING.

FAILURE TO COMPLETE ANY SECTION OF THIS FORM WILL RESULT IN THE PLAYER BEING EXCLUDED INDEFINATELY FROM FULL CONTACT TRAINING AND PLAYING

SECTION 1 - PLAYER DETAILS *(please print clearly)*

TEAM OFFICIAL TO COMPLETE (Manager, Coach or First Aid / Medical Officer) AT THE TIME/ON THE DAY OF THE INJURY, BEFORE PRESENTING TO MEDICAL DOCTOR REVIEWING THE PLAYER

Name of player:	**Date of Birth:**
Club/School:	**Competition/State:**

Dear Doctor,

This rugby player has presented to you today because they were injured on (day & date of injury) _____ in a (game or training session) _____ and **suffered a potential head injury or concussion**.

The Injury involved: (select one option)	**Direct head blow or knock**	☐
	Indirect injury to the head e.g. whiplash injury	☐
	No specific injury observed	☐

The subsequent signs or symptoms were observed (Please select one or more)
Consult the referee if no signs and symptoms were observed by team official personnel

Loss of consciousness:	☐	**Difficulty Concentrating:**	☐
Disorientation:	☐	**Sensitivity to light:**	☐
Incoherent Speech:	☐	**Ringing in the ears:**	☐
Confusion:	☐	**Fatigue:**	☐
Memory Loss:	☐	**Vomiting:**	☐
Dazed or Vacant Stare	☐	**Blurred vision**	☐
Headache:	☐	**Loss of balance:**	☐
Dizziness:	☐	**Other:**	_____

Is this their first concussion in the last 12 months? (Please Circle) **YES** **NO**

If NO, how many concussions in the last 12 months: _____

Name: **Signature:** **Role:** **Date:**

PLAYER or PARENT / LEGAL GUARDIAN CONSENT (for players under 18 years of age)

I _____(*insert name*) consent to Dr. _____(*insert Doctor's name*) *providing information if required to Rugby Australia concussion consultant regarding my head injury and confirm that the information I have provided the doctor has been complete and accurate.*

Name: **Signature:** **Date:**

SECTION 2 - INITIAL CONSULTATION – MEDICAL DOCTOR

Rugby Australia takes concussion seriously and its default position is that all players who have suffered a concussion or a suspected concussion must be treated as having suffered concussion.

The player has been informed that they must be referred to a medical doctor. **Your role as a medical doctor is to assess the player and guide their progress over the remaining steps in the process.**

Detailed guidance for you, the medical doctor, on how to manage concussion can be found in Rugby Australia's Concussion Management Medical Doctor information on the Rugby AU website.

Please note, any player who has been diagnosed showing signs and symptoms of concussion MUST follow the Graduated Return to Play (GRTP) programme.

ADULTS AGED 19 AND OVER – the MINIMUM period before RETURN TO PLAY is 12 days
CHILDREN AND ADOLESCENTS AGED 18 AND UNDER – the MINIMUM period before RETURN TO PLAY is 19 days

I have assessed the player and I have read and understood the information above and confirm I have read Rugby Australia's Concussion Management Medical Doctor Information.

DOCTORS NAME:	
SIGNED:	
DATE:	

SECTION 3 - CLEARANCE APPROVAL – MEDICAL DOCTOR

***DOCTOR TO COMPLETE** (please print clearly)*

I (Doctor's Name)_____have reviewed _____(players name) today and based upon the evidence presented to me by them and their family / support person, and upon my history and physical examination I can confirm:

- I have reviewed Section 1 of this form and specifically the mechanism of injury and subsequent signs and symptoms
- The Player has undertaken the age specific mandatory rest period
- The Player has completed steps 2, 3 and 4 of Rugby Australia's Graduated Return to Play process without evoking any recurrence of symptoms
- The Player has returned to school, study or work normally and have no symptoms related to this

I also confirm that I have read Rugby Australia's Concussion Management Medical Doctor document - http://rugbyau.com/about/codes-and-policies/safety-and-welfare/concussion-management

I therefore approve that this player may return to full contact training (Stage 5 of the Graduated Return To Play) and if they successfully complete this without recurrence of symptoms, the player may return to playing Rugby.

Doctors Name: **Signature:** **Date:**