



**NIAGARA FALLS ROWING CLUB  
PERSONAL CONCUSSION RECORD**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

It is important for every person to record concussions that have occurred in the past or occur in the future so that your team and doctors can be as helpful as possible. Keep this record at home to keep track of your signs and symptoms as well as track your recovery process.

Date of Concussion	
Activity & Location	
	<b>SEVERITY</b>
Loss of Consciousness	YES                  NO
Symptoms Experienced (In detail)	
How Long Did Symptoms Last?	
Did Symptoms disappear completely?	
	<b>TESTING</b>
Was Neuropsychological testing performed?	
If so where & by whom	
Was a CT or MRI performed?	
If so where?	
Name & Address of most involved physician	
	<b>RESULTS</b>
Return to Activity Date	
Other Comments & Notes	

Date of Concussion	
Activity & Location	
	<b>SEVERITY</b>



Loss of Consciousness	YES	NO
Symptoms Experienced (In detail)		
How Long Did Symptoms Last?		
Did Symptoms disappear completely?		
TESTING		
Was Neuropsychological testing performed?		
If so where & by whom		
Was a CT or MRI performed?		
If so where?		
Name & Address of most involved physician		
RESULTS		
Return to Activity Date		
Other Comments & Notes		

Date of Concussion		
Activity & Location		
SEVERITY		
Loss of Consciousness	YES	NO
Symptoms Experienced (In detail)		
How Long Did Symptoms Last?		
Did Symptoms disappear completely?		
TESTING		
Was Neuropsychological testing performed?		
If so where & by whom		
Was a CT or MRI performed?		



If so where?	
Name & Address of most involved physician	
	RESULTS
Return to Activity Date	
Other Comments & Notes	