



# RTRN2PLAY

## Head Injury & Concussion

### Tracking Form

The following multi-section tracking form must be completed IN FULL & IN SEQUENCE by the appropriate personnel. When all sections are completed the athlete can **RTRN2PLAY**.

**SECTION A – DETAILS**

PLAYER NAME: ..... GENDER: .....

DATE of BIRTH: .....

VENUE of INCIDENT: ..... MATCH OR TRAINING

DATE of INCIDENT: ..... TIME of INCIDENT: .....

**Provide a brief description of the incident:**

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**Given the guidance of FIFA – “SCAT3” the following symptoms were observed;**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Loss of consciousness</b> | <input type="checkbox"/> <b>Blurred vision</b>           | <input type="checkbox"/> <b>Difficulty remembering</b> |
| <input type="checkbox"/> <b>Seizure or convulsion</b> | <input type="checkbox"/> <b>Balance problem</b>          | <input type="checkbox"/> <b>Fatigue or low energy</b>  |
| <input type="checkbox"/> <b>Amnesia</b>               | <input type="checkbox"/> <b>Sensitivity to light</b>     | <input type="checkbox"/> <b>Confusion</b>              |
| <input type="checkbox"/> <b>Headache</b>              | <input type="checkbox"/> <b>Sensitivity to noise</b>     | <input type="checkbox"/> <b>Drowsiness</b>             |
| <input type="checkbox"/> <b>“Pressure in head”</b>    | <input type="checkbox"/> <b>Feeling slowed down</b>      | <input type="checkbox"/> <b>More emotional</b>         |
| <input type="checkbox"/> <b>Neck Pain</b>             | <input type="checkbox"/> <b>Feeling like “in a fog”</b>  | <input type="checkbox"/> <b>Irritability</b>           |
| <input type="checkbox"/> <b>Nausea or vomiting</b>    | <input type="checkbox"/> <b>“Don’t feel right”</b>       | <input type="checkbox"/> <b>Sadness</b>                |
| <input type="checkbox"/> <b>Dizziness</b>             | <input type="checkbox"/> <b>Difficulty concentrating</b> | <input type="checkbox"/> <b>Nervous or anxious</b>     |

**Following initial assessment at the field,**

- Emergency services were called
- The athlete was transported to hospital via  Ambulance  Parent (indicate appropriately)
- The athlete remained ‘at-field’ for a period of observation.

**SECTION B – AT FIELD OBSERVATION**

The athlete was observed for a further time period of .....minutes.

- No changes in condition were observed/noted
- The athlete’s condition changed. Give details:

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The athlete was instructed to visit his/her family MD and was supplied with this Tracking Form

COACH NAME: ..... SIGNATURE: .....

PARENT NAME: ..... SIGNATURE: .....

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**SECTION C - INITIAL MD ASSESSMENT**

DOCTOR NAME: .....

PRACTICE ADDRESS:

.....  
.....  
.....

DIAGNOSIS:

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**RTRN2PLAY – INITIAL PLAN (MD)**

Following a possible period of complete rest, the athlete is cleared to undertake the following ‘steps’ in their recovery;  
*The athlete must be symptom free before progressing on to each subsequent next step.*

1. Light aerobic exercise such as walking or stationary cycling. NO resistance training
2. Sport specific training (e.g. skating in hockey, running in football/soccer), progressive addition of resistance training. NO PHYSICAL CONTACT.
3. Non-contact training drills.

MD NAME: ..... SIGNATURE: ..... DATE: .....

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**SECTION D - RTRN2PLAY INITIAL PLAN (TECH)**

Following a successful, symptom free period of ..... days (insert appropriate number) the athlete has completed all 3 steps of the RTRN2PLAY INITIAL PLAN.

COACH NAME: ..... SIGNATURE: ..... DATE: .....

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**SECTION E – SIGN-OFF**

Following a successful RTRN2PLAY –Initial Plan, the athlete is cleared to undertake the following 2 Steps in their recovery;  
*The athlete must be symptom free before progressing on to each subsequent next step.*

1. Full contact training.
2. Competitive Match Play

MD NAME: ..... SIGNATURE: ..... DATE: .....

An athlete is **NOT PERMITTED** to return to any team activity without this **RTRN2PLAY** Tracking Form being completed in full including all signatures and MD official stamp.