

Community Rugby League

Concussion Assessment Form



To the NSWRL,

PlayerClub..... Grade.....

1. This player was examined with a suspected Head Injury/Concussion whilst playing Rugby League on (date)/...../.....
2. The Sports Trainer/First Responder on the day has completed an NRL – Community Head Injury Recognition and Referral Form which should be attached to this form

The section above must be completed by the Sports Trainer/First Responder and given to the player/carer prior to the player leaving the ground after the match where the Sports Trainer/First Responder conducted a match HIA.

The player must take this form to a doctor to receive a medical clearance from any symptoms of concussion or delayed concussion before returning to play. This is the only medical clearance form that will be recognized by the NSWRL.

First Responder's name signed

In order for the player to return to training and playing Rugby League, a Medical Clearance is required 48 hours post match to ensure the player shows no symptoms of delayed concussion, please:

- View the NRL – Community Head Injury Recognition and Referral Form (and SCAT 5 assessment if used) which the player should provide with this form
- Undertake a complete Neurological Examination and document this for your records
- Organise any test/s, investigations, referral or treatment which you deem necessary
- Complete the Declaration below and keep a copy for your records.
- Give this completed Concussion Clearance Form to the player.

CONCUSSION – IMPORTANT INFORMATION

This document is to be returned by the player to his club secretary and or team Manager. The document is then to be returned to the NSWRL/local league prior to the player being allowed to play within the period allowed under the NSWRL concussion policy (2020), contained in the NSWRL Policies and Procedures Manual.

The declaration by the doctor must be returned to the NSWRL/local league at least one business day prior to the player taking the field and sent to communityrl@nswrl.com.au

Declaration of Fitness to Return to Rugby League

(Must be completed prior to 48 hours post game day)

I have examined (player) on /...../..... By signing this document I declare that in my opinion NO CONCUSSIVE EVENT occurred during the match/training reported and the above player shows no signs of Delayed Concussion. This player is now medically fit to return to contact training and participate in NSWRL Community competition matches.

Signed: Date:

Doctors Name: Provider Number.....

Confirmation of Concussive Event

(Must be completed prior to 48 hours post game day)

I have examined (player) on /...../..... By signing this document I declare that in my opinion a CONCUSSIVE EVENT DID OCCUR during the match/training. This player is now subject to the NSWRL mandatory stand-down period of 14 days from the date of the match as well as further Return to Play Restrictions.

Signed: Date:

Doctors Name: Provider Number.....

Note: Participants failing to seek a medical clearance within 48 hours of the match will also be subject to the Mandatory Stand-down period of 14 days and associated Return to Play Procedures.