

AUSTRALIAN RUGBY CONCUSSION REFERRAL & RETURN FORM

This Concussion Referral & Return Form **MUST** be completed as specified by the *Australian Rugby 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.

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

TEAM OFFICIAL TO COMPLETE (Manager, Coach or First Aid / Medical Officer) AND PRESENT 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) _____ 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

The subsequent signs or symptoms were observed (Please select one or more)

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 the Australian Rugby 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

Australian Rugby 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.

This player was noted to have signs and symptoms at the time of, or soon after, an injury with the potential to cause concussion. They have been referred for assessment and must enter the Australian Rugby Standard pathway of concussion management (see below).

Any signs or symptoms of concussion that are witnessed (and documented) following trauma, even if they resolve quickly, are considered by Australian Rugby to represent concussion or potential concussion.

Australian Rugby Standard Pathway for concussion management

- 1. Recognise**
- 2. Remove**
- 3. Record** – by team manager on match scorecard & in Rugby Link
- 4. Refer** – to a medical doctor for assessment and guidance on process
- 5. Rest** – mandatory rest periods
- 6. Recover** – return to school, study or work before returning to exercise including rugby
- 7. Record** – by competition manager after receiving clearance from doctor
- 8. Return** – return to play following successful graduated return to play (GRTP) programme

The first three steps of this pathway have already occurred – the player has been recognised as having a potential concussion injury, and have been removed from playing or training. The team manager will have recorded this injury on Rugby Link, Australian Rugby’s National Registration & Competition Management system.

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 on how to manage concussion can be found at <http://www.aru.com.au/concussion>

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.

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 Australian Rugby'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 the Australian Rugby Concussion Guidance and Procedure documents -

<http://www.aru.com.au/concussion>

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 normal training and playing Rugby.

Doctors Name:

Signature:

Date:

RELATED DOCUMENTS

- *Australian Rugby Concussion Guidance (Rugby Public – Standard Care Pathway)*
- *Australian Rugby Concussion Procedure*
- *Australian Rugby Head Injury Form*
- *Australian Rugby Safety Policy*
- *Australian Rugby Code of Conduct*

***AS OF 5 APRIL, 2017**