



Department of Athletics PERFORMANCE & SPORTS MEDICINE

Eddie Ferrell Training Room 160 Jamerson Center (0502) Blacksburg, Virginia 24061 540/231-7742 Fax: 540/231-7335 E-mail: ab8631@vt.edu

E-mail: ab8631@vt.edu www.hokiesports.com

Virginia Tech Sports Medicine Student-Athlete Concussion Statement

$\hfill \square$ I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.	
☐ I have	read and understand the NCAA Concussion Fact Sheet.
After reading the NCAA Concussion fact sheet, I am aware of the following information:	
Initial	A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.
Initial	A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.
Initial	You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
Initial	_ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.
Initial	_ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
Initial	Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
Initial	_In rare cases, repeat concussions can cause permanent brain damage, and even death.
Sign	ature of Student-Athlete Date
Printed name of Student-Δthlete	

