

AUSTRALIAN FEDERATION OF BRASILIAN JIU JITSU

CONCUSSION AND HEAD INJURY MANAGEMENT POLICY AND PROCEDURE

Document control

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Applies to	All AFBJJ-affiliated clubs, coaches, referees, officials, medical personnel, athletes, parents and guardians

“If in doubt, sit them out.” This policy is built in line with the current Australian Institute of Sport (AIS) Concussion and Brain Health Position Statement and is aligned, at competition, with the medical safety provisions of the International Brazilian Jiu-Jitsu Federation (IBJJF) Rule Book. Athlete welfare always takes priority over training, grading or competition outcomes.

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1. Purpose

This policy sets out the requirements of the Australian Federation of Brazilian Jiu Jitsu (AFBJJ) for the prevention, recognition, immediate management and safe return to training and competition of concussion and other head injuries sustained during Brazilian Jiu-Jitsu (BJJ) training, grading and competition activities conducted or sanctioned by the AFBJJ.

It gives clubs, coaches, referees, medical personnel, athletes, parents and guardians one clear and consistent standard of care. The standard is based on the current Australian Institute of Sport (AIS) Concussion and Brain Health Position Statement and the associated Australian Concussion Guidelines for Youth and Community Sport, and, for competition, on the medical and player safety provisions of the International Brazilian Jiu-Jitsu Federation (IBJJF) Rule Book.

Grappling sports such as BJJ carry a head and neck injury profile that differs from striking or field sports. Impact concussion can occur from a throw, sweep, slam or a fall onto the mat, and BJJ also involves the deliberate, rule-permitted use of strangulation (chokes) that can cause loss of consciousness by a different mechanism to impact concussion. This policy addresses both.

2. Scope

This policy applies to:

- all AFBJJ-affiliated clubs, academies and their committees
- all coaches, instructors and assistant instructors
- all referees, mat officials and event organisers at AFBJJ-sanctioned events
- all medical, first aid and allied health personnel engaged at AFBJJ activities
- all athletes, of every age and belt rank, training or competing under AFBJJ affiliation
- parents and guardians of junior athletes (under 18 years).

This policy applies to all training sessions, gradings, seminars, camps, trials and competitions conducted, sanctioned or affiliated with the AFBJJ, at club, state and national level. It does not replace the competition day medical rules of an independent tournament organiser (for example the IBJJF at an international event), but it sets a minimum standard of care that AFBJJ members and affiliated clubs must meet or exceed at any time they are training, grading or competing as part of an AFBJJ-affiliated activity.

3. Definitions

Term	Meaning
Concussion	A traumatic brain injury caused by biomechanical forces, resulting in a short-lived and evolving disturbance of brain function that generally resolves spontaneously. It can follow a direct blow to the head, face or neck, or a blow elsewhere on the body that transmits force to the head, for example being thrown, swept, slammed or driven into the mat.
Head injury	A broader term that includes concussion as well as more serious injury such as skull fracture, intracranial bleeding or major facial trauma.
Choke-induced loss of consciousness	Temporary loss of consciousness caused by a legally applied strangulation (a blood or air choke) restricting blood flow or airflow to the brain, rather than by a direct blow. It is

Term	Meaning
	mechanistically different from impact concussion but is managed with its own precautions under section 10 of this policy.
Red flags	Signs or symptoms indicating a possible serious head or neck injury that requires emergency medical care and an ambulance.
GRTSF	Graded Return to Sport Framework, the staged pathway an athlete must follow after concussion before returning to contact training and competition.
Concussion Officer	A recommended (not mandatory), non-medical club or event contact who helps coordinate concussion matters and record keeping (see section 6.3). Where a club has not appointed one, its functions default to the head coach or club committee.
Onsite first responder (medic)	The person responsible for first aid and injury response at an AFBJJ-sanctioned event. At minimum holds a current First Responder Level 2 qualification or equivalent Advanced First Aid certification (for example HLTAID015 Provide Advanced First Aid), with experience in jiu-jitsu or grappling competition preferred.
HCP	Healthcare Practitioner: a medical doctor or, for the diagnosis and management of concussion, a physiotherapist with specific training and experience in concussion management. This is distinct from the onsite first responder role above.
CRT6	Concussion Recognition Tool 6, a tool developed by the Concussion in Sport Group to help people without medical training recognise possible concussion.
SCAT6 / Child SCAT6	Sport Concussion Assessment Tool used by healthcare practitioners to assess adult and child athletes respectively.

4. Policy statement and guiding principles

The AFBJJ is committed to protecting the long-term health and wellbeing of everyone who trains, grades or competes under its affiliation. The following principles apply without exception.

- If in doubt, sit them out. Any suspected concussion is treated seriously; there is no such thing as a minor or harmless concussion.
- Athlete welfare takes priority over training, grading or competition outcomes at all times, regardless of belt rank, seniority or the importance of the event.
- A conservative approach applies to junior athletes (under 19 years) and to community-level adult athletes who do not have access to a dedicated healthcare practitioner guiding an individualised recovery plan.
- No athlete who is diagnosed with, or suspected of having, a concussion or head injury may return to any training, grading or competition activity on the same day.
- Coaches, referees, officials and parents are never expected or permitted to diagnose concussion. They only need to suspect it and act on that suspicion by removing the athlete from activity.
- Return to training and competition after concussion follows a graded, medically informed pathway. There are no shortcuts and no exceptions for a big grading or a major tournament.

5. Framework and reference standards

This policy has been developed with reference to:

- the AIS Concussion and Brain Health Position Statement and the Australian Concussion Guidelines for Youth and Community Sport, produced by the Australian Institute of Sport in partnership with Sports

Medicine Australia, the Australian Physiotherapy Association and the Australasian College of Sport and Exercise Physicians

- the Concussion Recognition Tool 6 (CRT6) and the Sport Concussion Assessment Tool 6 (SCAT6 / Child SCAT6), developed by the Concussion in Sport Group
- the player safety and medical provisions of the current IBJJF Rule Book, applied at all AFBJJ-sanctioned competitions
- relevant state and territory work health and safety obligations and the AFBJJ Member Protection and Risk Management policies.

Where AIS guidance and IBJJF competition rules differ on a point of player safety, the more conservative and protective standard applies.

6. Roles and responsibilities

6.1 Summary table

Role	Key responsibilities
AFBJJ Governance Committee	Adopt, resource and review this policy. Ensure affiliated clubs and sanctioned events comply. Approve amendments.
State bodies and affiliated clubs	Implement this policy locally. Ensure coaches and referees complete concussion education.
Concussion Officer (non-medical, recommended role)	Where appointed, acts as the club or event point of contact for concussion matters, helps ensure the protocol in this policy is followed, and maintains the Concussion Register. Where a club has not appointed one, these tasks default to the head coach or club committee. Does not diagnose concussion.
Head Coach / Instructor	Supervise safe technique standards. Recognise and immediately remove any athlete with suspected concussion or head injury. Complete the Incident Report Form. Communicate with parents or guardians. Never pressure an early return.
Competition referees and mat officials	Apply recognise, remove, refer immediately. Stop the match. Engage the onsite first responder. Apply the same-tournament exclusion rule described in section 9.2.
Onsite first responder / Medic	Assess and treat injuries within their Clinical scope of practise and withdraw any athlete with suspected concussion or head injury from further competition that day, with no exceptions. Uses the CRT6 to help recognise a suspected concussion. (see section 9.1).
Athletes	Report symptoms honestly, in themselves and in a training partner. Follow the Graded Return to Sport Framework and any medical clearance requirements.
Parents and guardians	Report symptoms. Support a graded return to school or work and to sport. Obtain and provide written medical clearance before a junior athlete returns to contact training or competition.

6.2 Clubs and event organisers

Appointing a Concussion Officer is recommended for every AFBJJ-affiliated club, but it is not mandatory. Where a club chooses not to appoint one, its functions default to the head coach.

Every AFBJJ-sanctioned competition must have at least one suitably qualified onsite first responder (medic) present for the duration of the event, scaled to the size, age profile and risk level of the event. A doctor does not have to be present at an AFBJJ event but should one be present, they must act within their scope of practise. Organisers must instead maintain a clear emergency action plan for contacting emergency services and reaching

the nearest appropriate hospital and should factor likely response times into their event risk planning. See section 9.1 for the minimum qualification standard for the onsite first responder.

6.3 The Concussion Officer role

Appointing a Concussion Officer is recommended for every AFBJJ-affiliated club but is not mandatory. It is not a medical role and the person is not expected to diagnose concussion. The position may be held alongside another club role (e.g. senior instructor) and can be shared across smaller clubs where resourcing is limited. Where appointed, responsibilities include being the recipient of information about a suspected concussion, keeping the club's Concussion Register up to date, checking that medical clearance documentation is sighted and filed before an athlete returns to contact training or competition and helping build a club culture where reporting symptoms is normal and encouraged. Where a club does not appoint a Concussion Officer, these responsibilities default to the head coach.

7. Recognising concussion and head injury

Concussion can be obvious or subtle, and symptoms may evolve over the following hours or days. Anyone involved in coaching, refereeing or supervising BJJ activity should be familiar with the CRT6 and with the categories below. The presence of any one sign, symptom or red flag is enough to remove an athlete from activity; a full checklist is not required.

Visible signs

- Lying motionless on the mat, or slow to get up after a fall, throw, slam or impact
- Loss of consciousness or unresponsiveness
- Balance problems, unsteadiness or a dazed, blank or vacant look
- Confusion, or an inability to respond appropriately to questions
- Any convulsion or seizure-like movement

Reported symptoms

- Headache, pressure in the head, or neck pain
- Dizziness, nausea or vomiting
- Visual disturbance, sensitivity to light or noise
- Feeling slowed down, foggy or “not right”
- Difficulty concentrating or remembering, or a gap in memory around the incident
- Drowsiness or a change in emotional state

Red flags: call an ambulance immediately

Neck pain or tenderness

Double vision

Weakness, tingling or burning in the arms or legs

Severe or increasing headache

Seizure or convulsion

Loss of consciousness

A deteriorating conscious state

Vomiting

Increasingly restless, agitated or combative behaviour

Basic first aid principles always apply while awaiting assessment: Danger, Response, Send for Help, Airways, breathing, Chest Compressions, DEFIB (DRSABCD) assume a possible neck injury if there is any loss of consciousness, neck pain or a mechanism of injury that could involve the spine. Do not move the athlete unless trained to do so and where applicable do not remove a helmet, gum shield or other equipment unless trained to do so safely.

8. Immediate management: training, gradings and the club environment

Recognise, remove, rest, refer, review.

1. Stop the activity immediately. Do not allow the athlete to continue rolling, drilling or grading.
2. Do not leave the athlete alone. Check airway, breathing and circulation and consider the possibility of a neck injury.
3. Call an ambulance immediately if any red flag listed in section 7 is present.
4. If it is safe to do so, remove the athlete from the training area. They must not return to any BJJ activity for the remainder of that session or day.
5. Notify a parent or guardian for a junior athlete and notify the club's Concussion Officer where one has been appointed, or otherwise the head coach or club committee.
6. Complete the Incident Report Form (Appendix C) within 24 hours of the incident.
7. Advise the athlete, or their parent or guardian, to seek medical review within 24 to 48 hours, and in any case before any return to BJJ activity.

9. Immediate management: competition

9.1 General requirements

Every AFBJJ affiliated competition must have at least one suitably qualified onsite first responder (medic) present for the duration of the event, scaled to the size and risk profile of the event. At minimum, this person should hold a current First Responder Level 2 qualification or equivalent Advanced First Aid certification, for example HLTAID015 Provide Advanced First Aid, with prior experience in a jiu-jitsu or grappling environment preferred.

A doctor does not have to be present at an AFBJJ affiliated event, though an organiser may choose to engage one. Organisers must maintain a clear emergency action plan for contacting emergency services and reaching the nearest appropriate hospital.

The referee has both the authority and the duty to stop a match immediately on suspicion of concussion or head injury and to refer the athlete to the onsite first responder. No coach or official may overrule that decision.

The onsite first responder uses the CRT6 to help recognise a suspected concussion and to make the remove-and-refer decision described in section 7. Consistent with section 11, they are not expected to use the SCAT6, which

is reserved for the follow-up medical review by a treating doctor or an appropriately trained physiotherapist. As with all non-medically trained roles under this policy, the onsite first responder's job at the event is to suspect and remove, never to diagnose or clear an athlete with suspected concussion to continue.

9.2 Loss of consciousness from head trauma

Consistent with the IBJJF Rule Book, any athlete who loses consciousness as a result of head trauma, for example following a slam, throw or an impact with the mat or an opponent, must not compete again in that tournament and must be withdrawn and directed to seek assessment from a healthcare practitioner. The match itself is decided under the standard competition rules of the event, other than where the loss of consciousness resulted from an illegal technique, which is dealt with under the relevant disciplinary provisions.

9.3 Prohibited techniques relevant to head and neck safety

Consistent with IBJJF rules, the following are prohibited at all AFBJJ-sanctioned training and competition activity because of the head and neck injury risk they carry:

- slamming, meaning driving or throwing an opponent from an elevated position to escape a position or submission
- spiking, meaning forcing an opponent to land directly on the head or neck
- neck cranks and direct cervical spine attacks, other than the incidental neck pressure that forms part of a legally applied choke.

10. Sport-specific risk: strangulation (choke-induced) loss of consciousness

Chokes, both blood chokes (which restrict carotid blood flow) and air chokes (which restrict the airway), are legal, fundamental techniques in BJJ and a common cause of submission. Loss of consciousness from a choke is a different injury mechanism to impact concussion: it results from a temporary reduction in blood flow or oxygen to the brain rather than from biomechanical shear forces acting on brain tissue. It is not, of itself, treated under the IBJJF Rule Book as an illegal-technique injury, and a match ending this way is awarded to the athlete applying the choke.

However, loss of consciousness by any mechanism is a genuine medical event, and case reports exist of carotid artery dissection, stroke and other serious vascular complications following choke holds, including from training drilling and not only competition. The AFBJJ therefore requires the following precautions in both training and competition.

- Any athlete rendered unconscious by a choke must be placed in the recovery position, monitored, and have their vital signs and responsiveness checked by first aid or medical personnel before resuming any activity.
- An athlete who has lost consciousness from a choke must be declared fit to return by the onsite first aid team before they are able to return to compete.
- Where it is unclear whether unconsciousness resulted from a choke or from an accompanying impact, for example the head striking the mat during or after the choke, the more conservative impact concussion pathway in sections 8, 9 and 12 must be followed.
- Coaches should actively discourage any culture that treats being choked unconscious as a rite of passage or a badge of honour and should instead encourage prompt tapping and early reporting.

- Junior athletes (under 14) must not be permitted to hold a choke to the point of unconsciousness in training under any circumstances; chokes are to be released immediately on a tap, verbal submission or if declared a submission by the referee.

11. Medical assessment and clearance

Every athlete with a suspected or confirmed concussion should be assessed by a healthcare practitioner, ideally within 24 to 48 hours of the injury. A healthcare practitioner for the purposes of this policy is a medical doctor, or a physiotherapist with specific training and experience in concussion management, consistent with the expanded role recognised in the current AIS Position Statement.

Healthcare practitioners may use the SCAT6 or Child SCAT6 (age 5 to 12) as part of a broader clinical assessment, together with tools such as the Sport Concussion Office Assessment Tool (SCOAT6) for review from day three onward. Non-medically trained personnel, including coaches, referees and onsite first responders (medics) at competition, should use the CRT6 only to help recognise a possible concussion, never to diagnose one or to clear an athlete to return. This applies even where the onsite first responder holds an Advanced First Aid qualification such as HLTAID015, as that qualification covers emergency first aid response rather than concussion diagnosis.

Written clearance from a healthcare practitioner is required at two separate points:

- before an athlete progresses from non-contact activity to contact training (see the checkpoint in section 12)
- before an athlete returns to competition.

A club official must sight and file this written clearance before permitting the athlete to take part in the relevant activity. See Appendix D for a clearance certificate template.

12. Graded Return to Sport Framework (GRTSF)

Every athlete who sustains a concussion or is removed from activity on suspicion of concussion, must complete the staged GRTSF below before returning to competition. Each stage should last at least 24 hours, and symptoms must return to baseline before the athlete progresses to the next stage. Mild, brief symptom exacerbation during a stage is acceptable provided it settles back to baseline before the next session; moderate or worse exacerbation, or symptoms that persist to the next scheduled activity, require referral back to the athlete's healthcare practitioner.

Minimum stand-down periods

Athletes under 19 years, and community-level adult athletes without a dedicated healthcare practitioner guiding an individualised plan, must be symptom-free at rest for at least 14 days before returning to contact training and must not return to competitive contact activity until a minimum of 21 days has passed since the concussion. The 14-day symptom-free period is counted from when symptoms resolve, not from the day of injury, and the day of the concussion is counted as day 0.

Stage	Activity
Day 0	Recognise, remove from the mat and rest for 24 to 48 hours. No contact. Avoid the training environment for now. Diagnosis of concussion.

Stage	Activity
Day 3–4	Healthcare practitioner review recommended, which may include SCOAT6 assessment.
Stage 1	Resumption of ordinary daily activities. Mild, temporary symptoms are acceptable.
Stage 2	Light aerobic exercise. Begin a graded return to school or work, with modified hours or environment if needed.
Stage 3	Stationary sport-specific skills with minimal head movement only, for example partner passing drills from front-on. No rolling.
Stage 4	Moderate walking or stationary bike (able to hold a short conversation while breathing heavily). Sport-specific skills involving head movement, for example partner drills with directional change, rotation, or while walking or jogging.
Stage 5	Add resistance training. Cardiovascular activity up to 80% of maximum heart rate. Begin sport-specific training drills. No contact or high-risk activity at this stage.
CHECKPOINT	Symptom-free at rest for at least 14 days. Healthcare practitioner review and written clearance required before progressing to contact and high-risk activity.
Stage 6	Increase sport-specific training drills, up to 90% of maximum heart rate.
Stage 7	Return to full-contact training, including live rolling.
Stage 8	Return to competition simulation.
Stage 9	Return to competition. Not before day 21 post-concussion, and only once the athlete has remained symptom-free for at least 14 days and holds written medical clearance.

At any stage: if activity brings on or worsens symptoms, if the athlete cannot complete the stage's skills without any symptoms, if skill level is noticeably below what is expected, or if the athlete simply reports “not feeling right”, they should stop, return to the previous stage once symptom-free, and seek healthcare practitioner review before progressing further.

Athletes training or competing under the individualised guidance of an appropriately experienced healthcare practitioner in an advanced care setting may, in some circumstances, be cleared earlier than the timeframes above where their sport's advanced concussion protocol allows this. This policy defaults every junior and community-level AFBJJ athlete to the standard GRTSF unless a treating healthcare practitioner directs an individualised pathway in writing.

13. Documentation required for return to activity

The following records must exist before an athlete returns to BJJ activity after a suspected or confirmed concussion:

- a completed Incident Report Form (Appendix C), filed with the club Concussion Officer where appointed, or otherwise with the head coach
- written medical clearance (Appendix D) sighted and filed before return to contact training
- a second, separate written medical clearance sighted and filed before return to competition
- an updated entry in the club Concussion Register (Appendix E).

Clubs must not permit an athlete to return to contact training or competition without this documentation on file, regardless of how the athlete presents on the day.

14. Multiple and repeated head injury management

Repeated concussion and repeated head trauma carry cumulative risk. Each affiliated club must keep a Concussion Register recording every suspected or confirmed concussion and every choke-induced loss of consciousness and must report a summary to the AFBJJ annually or on request.

- An athlete who sustains two or more concussions within a three-month period, or three or more within a twelve-month period, must be referred to a concussion specialist and must follow an individualised management plan before returning to any AFBJJ training or competition.
- Where an athlete shows a pattern of repeated concussion or repeated head trauma over a season or career, the club, the athlete (and for juniors, their parent or guardian) and a treating healthcare practitioner should have an open conversation about modified participation or the long-term risks of continuing in contact training and competition, consistent with AIS guidance on long-term brain health.

15. Risk minimisation strategies

- Beginners are taught safe break-fall technique before being exposed to takedowns and throws.
- High-risk submissions and takedowns are introduced progressively by belt level and experience, consistent with IBJJF belt-based restrictions.
- Slamming, spiking and neck cranks outside a legal choke are prohibited at every level, including training (see section 9.3).
- Sparring partners are matched by weight, size and experience where practicable, with extra caution for junior and beginner classes.
- Mats meet an appropriate safety standard and are inspected before use, with adequate clearance from walls and fixed objects.
- Neck strengthening is encouraged as part of regular conditioning.
- A mouthguard is recommended for sparring and competition.
- Clubs foster a culture of early self-reporting and peer reporting of symptoms, free of stigma or pressure to “train through it”.

16. Record keeping and privacy

Incident reports, medical clearances and Concussion Register entries must be retained by the club for at least seven years, consistent with standard practice for health and safety records. Health information collected under this policy is handled in accordance with the Australian Privacy Principles and the Privacy Act 1988 (Cth) as well as any state / territory legislation and is only shared with those who need it to manage the athlete's safety and recovery or as required by law.

17. Mental health considerations

There is a potential link between concussion and mental health and athletes with a history of mental illness require a more cautious, individualised approach guided by their healthcare practitioner. Coaches and where appointed, Concussion Officers should check in with an injured athlete's wellbeing, not only their physical symptoms, throughout recovery. Athletes or families needing support can contact Lifeline on 13 11 14, Beyond Blue on 1300 22 4636, or Headspace for young people aged 12 to 25.

18. Education and training requirements

- All coaches, instructors, referees and, where appointed, Concussion Officers should complete a recognised concussion education course (such as the AIS or Sport Australia online concussion module) and refresh this at least every two years.
- Onsite first responders (medics) engaged for AFBJJ affiliated events hold at minimum, a current First Responder Level 2 qualification or equivalent Advanced First Aid certification (for example HLTAID015 Provide Advanced First Aid), with experience in jiu-jitsu or grappling competition preferred and are familiar with the CRT6 and section 9 of this policy.
- New club committee members receive an induction covering this policy and their responsibilities under it.
- Clubs display key recognition and red flag information (Appendix A) prominently in training areas and at competition venues.

19. Breach of this policy

Any coach, referee, official or club that fails to remove an athlete with suspected concussion from activity, that pressures or permits an early return contrary to this policy or that fails to maintain required records, may be subject to action under the AFBJJ's disciplinary and member protection processes, up to and including suspension of accreditation or affiliation.

20. Related documents and references

- AFBJJ Member Protection Policy
- AFBJJ Junior Athlete Welfare Policy
- AFBJJ Risk Management Policy
- Current IBJJF Rule Book
- AIS Concussion and Brain Health Position Statement and Australian Concussion Guidelines for Youth and Community Sport, available at ausport.gov.au/concussion
- Concussion Recognition Tool 6 (CRT6) and Sport Concussion Assessment Tool 6 (SCAT6 / Child SCAT6), Concussion in Sport Group

21. Policy review

This policy is reviewed by the AFBJJ Governance Committee at least every 12 months and immediately following any material update to the AIS Concussion and Brain Health Position Statement or the IBJJF Rule Book's player safety provisions.

Appendix A: Quick reference: recognise, remove, refer

Step 1: Red flags, call an ambulance

Neck pain or tenderness · double vision · weakness, tingling or burning in arms or legs · severe or increasing headache · seizure or convulsion · loss of consciousness · a deteriorating conscious state · vomiting · increasingly restless, agitated or combative behaviour.

Step 2: No red flags, but any sign or symptom of concussion

Remove from training or competition immediately. Do not allow return to activity that day. Advise medical review within 24 to 48 hours. Complete the Incident Report Form.

Step 3: Choke-induced loss of consciousness

Place in the recovery position, monitor and check vital signs and responsiveness. No further rolling or sparring that session. Log in the Concussion Register. Refer to a healthcare practitioner if unconsciousness recurs within three months, or if the cause of unconsciousness is unclear.

Remember: if in doubt, sit them out. Non-medically trained staff are never expected to diagnose; only to suspect and remove.

Appendix B: Graded Return to Sport Framework summary card

Stage	Activity	Minimum duration
0	Rest, no contact, diagnosis	24–48 hours
1–2	Daily activities, light aerobic exercise, graded return to school/work	24 hours per stage
3–4	Stationary skills (no head movement), then moderate cardio and skills with head movement	24 hours per stage
5	Resistance training, up to 80% max heart rate, sport-specific drills, no contact	24 hours
Checkpoint	14 days symptom-free at rest, HCP clearance for contact	14 days minimum
6–8	Up to 90% max heart rate, full-contact training, competition simulation	24 hours per stage
9	Return to competition	Not before day 21, Medical Practitioner clearance required

Appendix C: Head injury / concussion incident report form

Field	Details
Athlete Full Name	
Date of birth	
Club	
Date and time of incident	
Location (training / grading / competition)	
Mechanism of injury (throw, slam, choke, impact with mat, other)	
Signs observed	
Symptoms reported	
Any red flags present?	Yes / No if yes, list and confirm ambulance called
Loss of consciousness?	Yes / No if yes, cause (impact / choke / unclear) and duration
First aider / coach name	
Action taken	
Parent / guardian notified (junior athletes)	
Concussion Officer notified	
Medical review advised for (24/48 hrs)	
Form completed by	
Date form completed	

Appendix D: Medical clearance certificate

To be completed by a medical doctor, or a physiotherapist with specific training and experience in concussion management.

Field	Details
Athlete name	
Date of birth	
Date of concussion / incident	
Date of this assessment	
Assessment tool(s) used	e.g. SCAT6, Child SCAT6, SCOAT6
Athlete is symptom-free at rest	Yes / No, and since what date
Clearance is given for	Return to contact training / Return to competition (select one)
Any individualised restrictions or conditions	
Practitioner name	
Qualification	
Signature	
Date	

Appendix E: Club concussion register

Maintained by the Concussion Officer where appointed, or otherwise by the head coach or club committee.
 Include every suspected or confirmed concussion and every choke-induced loss of consciousness.

Date	Athlete	Mechanism	Referred to GP/Doctor	Contact training clearance date	Competition clearance date