



WHITTIER REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL **ATHLETICS**

SPORTS CONCUSSION HISTORY

Student Name: _____ Date of Birth: _____

Sport(s) Current: _____

Sport(s) Previously Played: _____

CONCUSSION HISTORY

1) Have you experienced a previous concussion? Yes ☐ No ☐

2) If yes, please complete the following previously diagnosed concussion details:

➤ Date of last concussion: _____

➤ Sport/Activity: _____

➤ Symptoms: _____

3) I am aware of the signs and symptoms of concussions. Yes ☐ No ☐

Please sign below to verify that all information is complete and accurate. This is required in order to participate on any athletic team at Whittier Tech.

Student Signature

Date

Parent/Guardian Signature

Date