



Student name: _____

Date: _____



Step B3: Conduct Quick Memory Function Check

Questions may need to be modified for very young students, the situation/activity/sport and/or students receiving special education programs and services. Failure to answer any one of the questions correctly may indicate a concussion. Record student responses.

- Is it before or after lunch? : _____
- What activity/sport/game are we playing now? : _____
- What field are we playing on today? : _____
- What is the name of your teacher/coach? : _____
- What room are we in right now? : _____
- What school do you go to? : _____

A concussion should be suspected:
The student must stop participation immediately.

Appendix D to 8074 Student Concussion Management Procedures



Summary of Suspected Concussion Check - Indicate appropriate results and follow-up requirements.

Your child/ward was checked for a suspected concussion (that is, Red Flags, Other Signs and Symptoms, Quick Memory Function Check) with the following results:

- Red Flag sign(s) were observed and/or symptoms reported and emergency medical services (EMS) called.
- Other concussion sign(s) were observed and/or symptom(s) reported and/or the student failed to correctly answer all the Quick Memory Function Questions.
- No sign(s) or symptom(s) were reported and student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Student attends school, no physical activity, with continued monitoring at school and home for 24 hours. Continued monitoring is required (consult Step D).

School Contact: _____

Forms for parents/guardians to accompany this tool:

- Medical Assessment Form (Appendix D Part 2) - if signs were observed for needs to be completed.

