



SECTION 1: INCIDENT REPORT

Once completed please take a photo or scan of these forms and email to combatsport@cits.wa.gov.au

Name of Athlete: _____ Date of contest/sparring: _____

Combat Sport: Boxing Muay Thai MMA Kickboxing Other: _____

During a contest or whilst training/sparring the following occurred:

- | | | |
|--|---|---|
| <input type="checkbox"/> Direct head blow or knock | <input type="checkbox"/> Indirect injury to the head or body e.g. whiplash injury | <input type="checkbox"/> No specific mechanism observed |
| <input type="checkbox"/> Fell or thrown to the floor | | |

Short description of incident: _____

The following signs or symptoms were observed or reported (Please select one or more):

- | | | |
|---|--|---|
| <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Seizure or convulsion | <input type="checkbox"/> Lying motionless |
| <input type="checkbox"/> Confusion/Disorientation | <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Facial or skull injury |
| <input type="checkbox"/> Unusual behaviour | <input type="checkbox"/> Dazed or vacant stare | <input type="checkbox"/> Incoherent speech |
| <input type="checkbox"/> Grabbing/clutching head | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Loss or blurred vision | <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Ringing in the ears |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Headache | <input type="checkbox"/> Memory loss |
| <input type="checkbox"/> Fatigue or drowsy | <input type="checkbox"/> Other: | |

Observers Name: _____ Role/Relationship to athlete: _____

SECTION 2: ATHLETE'S DETAILS

To be completed by athlete or guardian (for persons under 18 years of age) and see Healthcare Practitioner (ideally) within 72 hours.

Date of Birth: _____ Incident occurred during combat sport: contest sparring other training

Did a Ringside Medical Practitioner (post-contest medical) issue you a medical suspension? No Yes --> for how long? _____ days/date (check your Contestant Record Book)

Is this your first concussion in the past 12 months? Yes No --> how many? _____

Did you incur a contest KO? No Yes --> is it a consecutive KO? No Yes --> 2nd 3rd

I had or still have the following signs or symptoms:

- | | | |
|---|--|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Sensitivity to light |
| <input type="checkbox"/> Loss or blurred vision | <input type="checkbox"/> Ringing in the ears | <input type="checkbox"/> Fatigue or drowsy |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Memory loss |
| <input type="checkbox"/> Confusion/Disorientation | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Other: |

I (*insert name*) _____ consent to the following Healthcare Practitioner/s providing information (if required) to the Combat Sports Commission regarding my/child's head injury/concussion and confirm that the information I have provided to the Healthcare Practitioner, has been complete and accurate.

Athlete/Guardian Signature: _____	Date: _____
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SECTION 3: HEALTHCARE PRACTITIONER - INITIAL CONSULTATION

Dear Healthcare Practitioner (HCP),

This person has presented to you today because they competed in a combat sport contest or were sparring and suffered a “knockout” (KO) contest result OR suspected concussion, during a bout or whilst training. The Combat Sports Commission recommends that all contestants who have suffered a concussion or a suspected concussion must be treated as having suffered a concussion.

Please examine and assess the individual, review the **Concussion Referral Form** (previous page) and guide their progress over the **Graded Return to Sport Framework**, as provided on the final page.

Detailed HCP guidance on how to manage concussion and return to sport timeframes can be found at the Concussion in Australian Sport website https://www.ausport.gov.au/concussion/medical_practitioners

The Contestant **MUST** be symptom free for [14 days] before returning to any sparring or contact training and the minimum time for returning to a combat sport contest is then [21 days] unless:

- A. Already medically suspended for a longer duration by a Ringside Medical Practitioner.
- B. Contestant incurred a KO, requiring [30 days] mandatory suspension or [60 days] for a second consecutive KO or [90 days] for a third consecutive KO.
- C. Contestant’s concussion symptoms have returned or have not resolved (no HCP clearance).

SECTION 4: HEALTHCARE PRACTITIONER – CONCUSSION CLEARANCE

I am an AHPRA registered Healthcare Practitioner and have reviewed (*insert Contestant’s name*) _____ today and based upon the physical examination, referral details, mechanism of injury and evidence presented to me I can confirm:

- ✓ I have read and understood the information provided above at Section 3.
- ✓ **The Contestant has been symptom-free for at least 14 days.**
- ✓ The Contestant has progressed through the **Graded Return to Sport Framework** without evoking any recurrence of symptoms and has returned to school, study or work symptom free.
- ✓ The Contestant will not return to a combat sport contest in less time than the applicable minimum timeframe or medical suspension dates, as advised above in Section 3.

I therefore approve that this Contestant may return to full contact training and sparring and if they successfully complete contact training without recurrence of symptoms, the Contestant may return to compete in a combat sport contest.

Healthcare Practitioner’s Name:	HCP Provider #:
Signature:	Date:





SECTION 5: ATHLETE OR GUARDIAN SIGN OFF

I (*Athlete's name*) _____ have fully recovered from the symptoms of concussion and I am healthy and fit to resume sparring and full contact training.

I have presented to an appropriate Healthcare Practitioner and provided them with complete and accurate information and have been cleared to return to contact/sparring training.

I understand I cannot compete in a combat sport contest prior to 21 days post my concussion OR 30 days if KO'd (60/90 days if 2nd/3rd consecutive KO's) OR if medically suspended (until the date set by the Ringside Medical Practitioner) AND until the Concussion Clearance and Declaration forms have been submitted to the Combat Sports Commission.

Signed:	Date:
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SECTION 6: TRAINER SIGN OFF

I (*Trainer's name*) _____ am aware that (*name of athlete*) _____ has undertaken a **Graded Return to Sport Framework**, following a recent concussion.

I have sighted the Healthcare Practitioner concussion clearance and I acknowledge that the athlete cannot compete in a combat sport contest prior to the requisite timeframes and until the Concussion Clearance and Declaration forms have been submitted to the Combat Sports Commission.

Signed:	Date:
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It is an offence under section 53 of the Combat Sports Act 1987 to provide false or misleading information.

To complete your clearance please email a copy or photo of all signed forms (Sections 1 – 6) to the Combat Sports Commission
 combatsport@cits.wa.gov.au
For further information call (08) 6552 1604





Each stage, highlighted in orange or green below, should be at least 24 hours and symptoms should return to baseline prior to commencing the next activity or stage.

