Government of Western Australia
Combat Sports Commission

CONCUSSION REFERRAL FORM

CSC PREPARE WELL PERFORM BETTER

SECTION 1: DETAILS OF ATHLETE

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

Name of Athlete:					
Combat Sport:	Boxing ☐	Muay Thai ☐	MMA ☐	Kickboxing ☐	Other:_____

Dear Healthcare Practitioner,
This person has presented to you today because they competed in a combat sport contest OR were training/sparring in a combat sport on (day & date) _____ and suffered a potential head injury or concussion.

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

☐ ☐	Direct head blow or knock Fell or thrown to the floor	☐	Indirect injury to the head or body e.g. whiplash injury	☐	No specific mechanism observed

Short description of incident:

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

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

Observers Name:	Role/Relationship to athlete:

To be completed by athlete or parent/guardian (for persons under 18 years of age) before presenting to a Healthcare Practitioner for review.

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

Were you medically suspended by a ringside Dr in relation to this incident? ☐ No ☐ Yes --> for _____ days.

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

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

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

Signature:	Date:

CM: E26009335

SECTION 2: HEALTHCARE PRACTITIONER - INITIAL CONSULTATION

Healthcare Practitioner ideally would see athlete within 72 hours of the injury

The Combat Sports Commission recommends that all athletes who have suffered a concussion or a suspected concussion **MUST** be treated as having suffered concussion.

Your role as a Healthcare Practitioner (HCP) is to assess the athlete and guide their progress over the remaining steps in the process.

Detailed guidance for you, the HCP, on how to manage concussion can be found at the Concussion in Australian Sport website https://www.concussioninsport.gov.au/medical_practitioners

Please note: any person who has been diagnosed showing signs and symptoms of concussion MUST follow the ***Graded Return to Sport Framework*** https://www.concussioninsport.gov.au/resource

The athlete **MUST** be symptom free for **14 days** before returning to any sparring or contact training. The minimum time for returning to a combat sport contest is **21 days** unless a Ringside Medical Practitioner has already medically suspended the athlete for longer OR if the athlete incurred a contest knockout (KO) the minimum is **30 days** (if 2nd consecutive KO **60 days** or 3rd consecutive KO **90 days**).

I have assessed the athlete and I have read and understood the information above.

HCP Name:	HCP Provider #:
Signed:	Date:

SECTION 3: HEALTHCARE PRACTITIONER - CLEARANCE APPROVAL

I am an AHPRA registered Healthcare Practitioner and have reviewed (Athlete's name) _____ today and based upon the evidence presented to me by them and their family / support person/ trainer, and upon my history and physical examination I can confirm:

- ✓ I have reviewed Section 1 of this form and specifically the mechanism of injury and subsequent signs and symptoms
- ✓ The athlete has been symptom-free for at least 14 days
- ✓ The athlete will not return to a combat sport contest or competitive contact in less than 21 days from the time of concussion
- ✓ The athlete has completed the Graded Return to Sport Framework process without evoking any recurrence of symptoms and has returned to school, study or work normally and has no symptoms related to this activity

I also confirm that I have read the *Australian Concussion Guidelines for Youth and Community Sport* https://www.concussioninsport.gov.au

I therefore approve that this person may return to full contact training/sparring and if they successfully complete contact training/sparring without recurrence of symptoms, the person may return to a combat sport contest or competitive contact sports.

Healthcare Practitioner's Name:	Provider #:
Signed:	Date:

ATHLETE & TRAINER DECLARATION FORM

SECTION 4: ATHLETE OR PARENT/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 Referral, Assessment, Clearance and Declaration forms have been submitted to the Combat Sports Commission.

Signed:	Date:

SECTION 5: 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 clearance and I acknowledge that the athlete cannot compete in a combat sport contest prior to the requisite timeframes and until the Concussion Referral, Assessment, Clearance and Declaration forms have been submitted to the Combat Sports Commission.

Signed:	Date:

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

Please email a copy or photo of the completed Concussion Assessment, Clearance and Declaration Forms (Sections 1 – 5) to combatsport@cits.wa.gov.au or for further information call (08)6552 1604