

## Check list to be completed following a fall of rider.

Any **yes** responses and the rider will need to be checked by a doctor before continuing with activity.  
Clearance to Ride to be signed by the doctor if cleared of concussion by the treating doctor.

Name \_\_\_\_\_

Club \_\_\_\_\_

Date \_\_\_\_\_

<b>Signs/symptoms</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
To be checked x3 with intervals of 15 minutes.	tick	tick	tick	tick	tick	tick	
<b>Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present:</b>							
<b>1. Visible clues of suspected concussion</b>							
Loss of consciousness or responsiveness	□	□	□	□	□	□	
Lying motionless on ground / Slow to get up	□	□	□	□	□	□	
Unsteady on feet / Balance problems or falling over / Inco-ordination	□	□	□	□	□	□	
Grabbing / Clutching of head	□	□	□	□	□	□	
Dazed, blank or vacant look	□	□	□	□	□	□	
Confused / Not aware of plays or events	□	□	□	□	□	□	
<b>Presence of any one or more of the following signs &amp; symptoms may suggest a concussion:</b>							
<b>2. Signs and symptoms of suspected concussion</b>							
• “Pressure in head”	□	□	□	□	□	□	
• Loss of consciousness	□	□	□	□	□	□	
• Headache	□	□	□	□	□	□	
• Seizure or convulsion	□	□	□	□	□	□	
• Dizziness	□	□	□	□	□	□	
• Confusion	□	□	□	□	□	□	
• Drowsiness	□	□	□	□	□	□	
• Blurred vision	□	□	□	□	□	□	
• Nausea or vomiting	□	□	□	□	□	□	
• Sensitivity to light	□	□	□	□	□	□	
• Difficulty remembering	□	□	□	□	□	□	
• Difficulty concentrating	□	□	□	□	□	□	
• Balance problems	□	□	□	□	□	□	
• Irritability	□	□	□	□	□	□	
<b>Failure to answer any of these questions correctly may suggest a concussion.</b>							
<b>3. Memory function</b>							
“What venue are we at today?”	□	□	□	□	□	□	
“Which horse are you riding today?”	□	□	□	□	□	□	
“Which club are you a member of?”	□	□	□	□	□	□	

Name of First Aider \_\_\_\_\_

Signature: \_\_\_\_\_

Print Doctors Name: .....

I declare the above named rider is medically fit to ride a horse. Signature .....

## **Check list to be completed following a fall of rider.**

Any **yes** responses and the rider will need to be checked by a doctor before continuing with activity. Clearance to Ride to be signed by the doctor if cleared of concussion by the treating doctor.

**Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically.**

**Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.**

It is recommended that, in all cases of suspected concussion, the player be referred to a medical professional for diagnosis and guidance as well for return to play decisions, even if the symptoms resolve.

### **RED FLAGS**

**If ANY of the following are reported then the player should be safely and immediately removed from the field.**

**If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:**

- Athlete complains of neck pain
- Deteriorating conscious state
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double vision
- Weakness or tingling / burning in arms or legs