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|  | ***THE UNIVERSITY OF WEST ALABAMA*** | REVISED 07/15/18 |
| Student-AthleteConcussion Compliance Form |

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| I, |  | , have been informed by the UWA  |

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|  | (First) (Middle) (Last) (Nickname) |  |
| Athletic Training & Sports Medicine Staff of the signs and symptoms of a concussion, closed head injury, and/or brain trauma via handout and educational sessions.I have also been informed of *The University of West Alabama Concussion Management Plan*. I understand I have an important role in the plan and my disclosure of any signs and symptoms throughout the management process is integral to health and welfare. Therefore, it is my responsibility to inform the UWA Athletic Training and Sports Medicine Staff of the onset of these signs and symptoms. Failure to disclose signs & symptoms of a concussion, closed head injury, and/or brain trauma can lead to increased or prolonged risk of post-concussive symptoms, post-concussive syndrome, and irreversible long-term health issues.By my signature below, I state my acknowledgement, understanding, and compliance with *The University of West Alabama Concussion Management Plan*. |

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| **Student Athlete’s Signature** |  | **Date** |
|  |  |  |
| **Witness Signature** |  | **Date** |