

MUAYTHAI AUSTRALIA (MTA)
CONCUSSION FORM – GENERAL



CONCUSSION FORM

This form to be provided to a Physician for a medical review and clearance of an athlete.

The athlete has received a concussion/head injury and/or demonstrated symptoms that require a medical review prior to returning to training/competition. This form is required to be provided to their coach to return to training.

This form is required for athletes to compete if they have had a stoppage – KO or TKO in competition. It must be brought to the weigh in as proof of clearance in addition to being medically fit to compete.

Participants name: Age:

Date: Time: (am/pm)

This boxer has sustained:

- ☐ A knockout from head blows, or
- ☐ A Technical Knockout (TKO) from head blows, or
- ☐ A injury requiring review by a Dr.
- ☐ Reported concussion symptoms to their coach.
- ☐ Received concussion from contact during training.

Where a knockout from head blows occurs did the boxer experience a loss of consciousness?

- ☐ Yes ☐ No ☐ N/A

If the above response is 'Yes', was the loss of consciousness less than one minute or greater than one minute?

- ☐ Less than one minute ☐ Greater than one minute

I, the undersigned Medical Officer, have reviewed the athlete:

- ☐ Have cleared the athlete to return to light no contact training.
- ☐ Have cleared the athlete to return to regular training.
- ☐ Have cleared the athlete to return to competition.
- ☐ Have imposed a medical probation period of days without competition or sparring. Following this probation, I require the athlete to have a further medical examination prior to training in ____ days.
- ☐ Provide the following advice to their coach/trainer.

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Doctor's name:

Doctor signature:

Date: