



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
 GOVERNOR

TIMOTHY P. MURRAY
 LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
 SECRETARY

JOHN AUERBACH
 COMMISSIONER

105 CMR 201.000
Head Injuries and Concussions in Extracurricular
Athletic Activities
YEAR END REPORTING FORM FOR SCHOOLS, 2011-2012

This form should be completed and returned via email to DPH-ConcussionPolicies@MassMail.State.MA.US or mailed to:

Olga Higuera, Division of Violence and Injury Prevention
 Massachusetts Department of Public Health
 250 Washington Street, 4th Floor
 Boston, MA 02108

School District:

School Name:

Grades included in the School: 6 8 10 12
 7 9 11

Required Reporting Information:

Number of *Report of Head Injury Forms* received in school year 2011-2012:

Are these forms required only of students participating in extracurricular athletics?

Yes No Unknown

Number of students who sustained a head injury or suspected concussion *when engaged in any extracurricular athletic activities* in school year 2011-2012:

Optional Reporting Information:

Number of *Medical Clearance/Return to Play Forms* received in school year 2011-2012:

Total school enrollment

Middle School:

High School: