## **Concussion Reporting**

SportSessionSkill Skill Team (opt)	ort	_ Session	Skill	Team (opt)
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Date	Age	Hgt"	Wgt#	Impact description (object, player, equipment)	Concussion rating	Date returned to play	Dr's note	Mouth guard
1-Sep	12	66	140	Example: hit with ball	1	7-Sep	Υ	Cushion type
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