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**OHIO SWIMMING INC. CONCUSSION REPORT**

Ohio State Law requires an athlete who exhibits signs, symptoms or behaviors associated with concussion to be removed from competition or a practice session and not permitted to reenter competition or practice that same day. This form shall serve to document that an athlete has been removed from competition or a practice session in accordance with Ohio State Law due to exhibiting signs, symptoms and/or behaviors consistent with a concussion. The competition official (for competition) or the coach (for practice sessions) must complete this form and forward it to the Ohio Swimming Permanent Office within 48 hours after the conclusion of the competition or practice session. It is recommended that the official keep a copy of this report. The Ohio Swimming Inc. Safe Sport Chair will be notified upon receipt of this document.

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| **Athlete’s Name:** |       |
| **Date of Incident:** |       |
| **Club Affiliation:** |       |
| **Official’s Name****(at competition):** |       |
| **Coach’s Name****(at practice):** |       |
| **Comments:** |       |

**Please forward to the Ohio Swimming Inc. Permanent Office within 48 hours.**

**Email:** **concussion@swimohio.com** **or fax (513) 282-4090**