



ICC Application & Report Form

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|-----------------------|--|------------------------|--|
| Athlete name | | DOB: | |
| Athlete email | | HCP name | |
| Date of injury | | HCP email | |
| Sport | | Discipline | |
| Location | | Video of injury | Attached <input type="checkbox"/> Unavailable <input type="checkbox"/> |

HIA Process:

| | | | |
|--------------------------|------------------|--------------------------|----------------------|
| <input type="checkbox"/> | HIA1 Completed | <input type="checkbox"/> | HIA1 not completed |
| <input type="checkbox"/> | HIA2#1 Completed | <input type="checkbox"/> | HIA2#1 not completed |
| <input type="checkbox"/> | HIA2#2 Completed | <input type="checkbox"/> | HIA2#2 not completed |
| <input type="checkbox"/> | HIA3 Completed | <input type="checkbox"/> | HIA3 not completed |

INDICATION FOR ICC REFERRAL:

| | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Athlete has fully recovered & completed GRTS & Team doctor considers it safe to RTS | | |
| <input type="checkbox"/> | Planned RTS Day 7-11 in setting of no concussion history, no criteria 1, +ve HIA2 & -ve HIA3 | | |
| <input type="checkbox"/> | Planned RTS Day 12+ in setting of defined concussion history, select criteria below (1 or more) | | |
| <input type="checkbox"/> | Previous Concussion in the past 3 months | <input type="checkbox"/> | 3 or more concussions in past 12 months |
| <input type="checkbox"/> | 5 or more career concussions | <input type="checkbox"/> | Reduced impact threshold |
| <input type="checkbox"/> | Concussion complicated by psychologic issues | <input type="checkbox"/> | Concussion with prolonged recovery > 21 day |

ARRANGEMENTS:

| | |
|-----------------------|-------------------------|
| Date of planned RTS: | Referred by (OWIA HCP): |
| Date of proposed ICC: | Referred to (ICC): |
| <u>Comments:</u> | |
| | |



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ICC Process:

| | | | |
|--|--|--|--|
| | Team doctor was present to discuss the case | | ICC had a private conversation with team doctor |
| | Team doctor agrees with consultation outcome | | |
| | Athlete was present to discuss the case | | ICC had a private conversation with athlete |
| | Athlete agrees with consultation outcome | | Athlete decided to defer their RTS during the consultation |

ICC Outcome:

Is the athlete suitable for unrestricted return to training and competition?

| | | |
|--|--------------------------|-----------------------|
| | YES | Date for RTS: |
| | NO | Requirements for RTS: |
| | Missing info required: | |
| | Investigations required: | |
| | Is ICC review required? | Date for ICC review: |

Additional comments:

| | |
|-----------|--------------------|
| | |
| | |
| ICC name | ICC Phone |
| ICC Email | Date ICC Completed |