Specification for HEAD INJURY REPORTS

The European Regulations and UK CAA's Guidance Material for fitness decision, acceptable treatments and required investigations (if specified) can be found in the medical section of the CAA website (www.caa.co.uk/medical). For many conditions, there are also flow charts available for guidance on the assessment process.

The following subheadings are for guidance purposes only and should not be taken as an exhaustive list.

1. **Diagnoses**

2. **History**
   - Nature and circumstances surrounding injury
     - attach personal and witness accounts and paramedic records
   - Duration of loss of consciousness
   - Pre and post traumatic amnesia
   - Other injuries and relevant medical history

3. **Symptoms (post injury period and current)**
   - Any seizures
   - Focal neurological deficits
   - Disorientation or deficits in memory
   - Confusion behaviour alteration disturbance of mood hallucination delusions
   - Generalised intellectual impairment change of personality
   - Coarsening of behaviour e.g. irritability, lack of drive, loss of control aggression

4. **Examination findings**
   - Neurological deficit intellectual impairment or loss of function
   - Compounding factors (e.g. skull fracture, vertigo, headache)
   - Residual impairment

5. **All Investigation Findings Performed (as applicable)**
   - Imaging (CT, MRI)
     - intracranial haemorrhage
     - skull fracture
     - meningeal rupture/penetration of dura
   - Neuropsychological evaluation
   - EEG
   - Other procedures and investigations

6. **Treatment**
   - Past and ongoing treatment must be detailed
   - Current and recent past medications (dose, frequency, start and finish dates)
   - Confirmation no side effects from medication
   - Surgical reports

7. **Follow up and further investigations/referrals planned or recommended (as applicable)**
   - Anticipated follow up/frequency of clinical reviews and investigations
   - Prognosis and risk of recurrence
   - Confirmation of full recovery at date of report

8. **Clinical Implications**
   - Any concerns regarding residual impairment, treatment compliance, or risk of sudden incapacity including post-traumatic epilepsy