*Last revised November 2026*

# US Equestrian Remount Assessment

*To be used by competition qualified medical personnel to assess participants who have fallen per GR849 prior to remounting their horse. Form must be returned to competition Steward or Technical Delegate, to submit with their Competition Report.* ***If Injuries are noted, USEF Accident/Injury Report must also be completed.***

## Participant Information

**Participant Name:** _____

**Date:** _____

**Competition Name:** _____

**Competition ID:** _____

## Fall Information

**Fall Location (schooling ring, competition ring, etc.)**:

_____

**Description of fall:** _____

_____

**QMP Name**: _____

**If any item below is marked 'YES', participant must be placed on the medical ineligibility list for suspected concussion.**

- ☐ Did Participant experience loss of consciousness? **YES/NO**
- ☐ Did participant show evidence of seizure activity or convulsion? **YES/NO**
- ☐ Evidence of increased confusion or deteriorating conscious state (becoming less responsive, drowsy)? **YES/NO**
- ☐ New onset nausea or vomiting? **YES/NO**
- ☐ New onset of headache increasing headache? **YES/NO**
- ☐ Presence of restlessness, agitation or combativeness? **YES/NO**
- ☐ Visible deformity of the helmet or skull? **YES/NO**
- ☐ Blurred or double vision? **YES/NO**

**If any item below is marked 'NO', participant must be placed on the medical ineligibility list for suspected concussion.**

- ☐ Can participant touch finger to nose with eyes open and closed? **YES/NO**
- ☐ Can Participant stand steady with feet together? **YES/NO**
- ☐ Can participant stand on one foot and balance? **(R) YES/NO (L) YES/NO**

**If any item below is marked 'YES', participant should not remount and should be referred for further evaluation.**

- ☐ Bilateral grip strength inadequate to perform on horse **YES/NO**
- ☐ Clavicular or chest wall pain or tenderness **YES/NO**
- ☐ Acute abdominal pain, flank pain or tenderness **YES/NO**
- ☐ Presence of active bleeding **YES/NO**
- ☐ Suspected skeletal fracture or injury that would limit the participants ability to remount **YES/NO**
- ☐ New onset joint pain or instability with range of motion **YES/NO**
- ☐ New onset of neck or back pain, or spinal tenderness **YES/NO**
- ☐ New onset of Weakness or numbness/tingling in one or more extremities **YES/NO**

**PARTICIPANT IS:** ***Alert, oriented x3, able to follow instructions, and reports feeling ready and confident to remount. Participant is aware that any new or increased symptoms, or change in their condition at any time, that it is their personal responsibility to stop equestrian activities and seek medical evaluation.*** **YES/NO**

**Participant Signature:** _____



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