INJURY REPORTING FORM

One form must be completed for each *"injury"* is defined as: Any ice hockey or inline hockey related ailment, occurring on the rink or player's bench that kept (or would have kept) a player out of practice or competition for 24 hours, or required medical attention (Trainer, Nurse or Doctor) and all concussions, lacerations (cuts), dental, eye and nerve injuries.

Name _____ Date of Injury _____-_____-_____ Trainer/MD Name _____

Street Address _____

City _____ State _____ Zip Code _____

Position played at time of injury (W, C, D, G) _____ Game Opponent (team)_____

Time of injury (Warm-ups, 1, 2, 3, OT, After) _____ Game frequency (1st, 2nd, 3rd, etc. game of event) _____

TYPE OF INJURY

- ❑ Contusion
- ❑ Fracture
- ❑ Laceration
- ❑ Dislocation
- ❑ Strain
- ❑ Concussion
- ❑ Sprain
- ❑ Other _____

_____

HOW INJURY OCCURRED

- ❑ Contact with boards
- ❑ Contact with goal/net
- ❑ Body contact with another person
  - ❑ Caused by a body check
  - ❑ Incidental to playing puck/ball
- ❑ Struck by a stick
- ❑ Contact with skate
- ❑ Contact with floor
- ❑ Struck by puck/ball
- ❑ No apparent contact
- ❑ Other _____

_____

BODY PART AFFECTED

(Check the affected areas and indicate left or right side)

- ❑ Head/Scalp
- ❑ Face/Nose
- ❑ Eye(s)
- ❑ Mouth/Teeth
- ❑ Neck/Ear
- ❑ Shoulder
- ❑ Arm/Elbow
- ❑ Wrist
- ❑ Hand/Finger
- ❑ Chest
- ❑ Abdomen
- ❑ Back/Spine
- ❑ Buttocks
- ❑ Groin
- ❑ Hip
- ❑ Leg/Knee
- ❑ Ankle
- ❑ Foot/Toe

INJURED'S CATEGORY

- ❑ Player
- ❑ Coach
- ❑ Referee
- ❑ Manager
- ❑ Volunteer
- ❑ Spectator
- ❑ Other _____

INTENT TO INJURE?

(according to injured player)

❑ YES ❑ NO

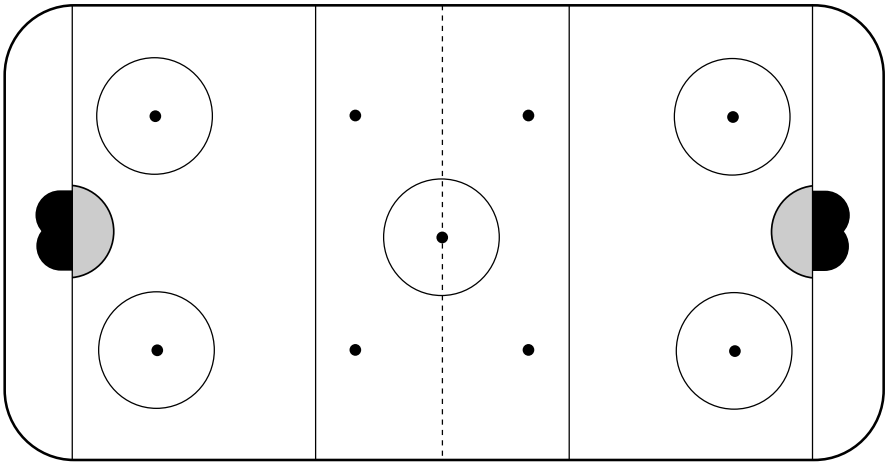
PENALTY CALLED?

❑ YES ❑ NO

NEW INJURY?

❑ YES ❑ NO

LOCATION (*X* on floor where injury occurred)



Please indicate the injured player's defending goal

Brief description of injury (what happened) _____

_____

_____

What action was taken for injury? _____

_____

Name of Person Treating _____ Phone _____