



INJURY REPORTING FORM



One form must be completed for each "injury" is defined as: Any ice 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 _____ | |

BODY PART AFFECTED

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

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

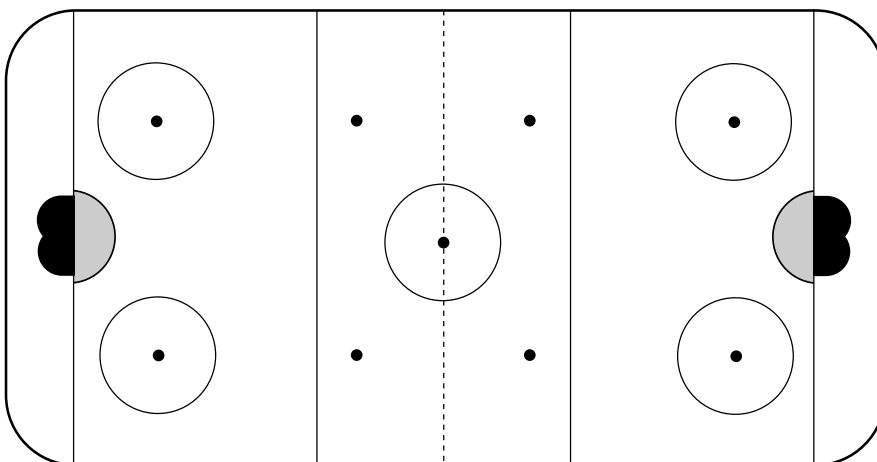
NEW INJURY?

- ☐ YES ☐ NO

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
- ☐ No apparent contact
- ☐ Other _____

LOCATION (X on diagram 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 _____