



HOCKEY DEVELOPMENT CENTRE FOR ONTARIO

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INJURY REPORT FORM

(PLEASE PRINT)



HOCKEY TRAINERS' CERTIFICATION PROGRAM

(CONFIDENTIAL WHEN COMPLETE)

HOCKEY ASSOCIATION: [ ] OMHA [ ] MHAO [ ] GTHL [ ] NOHA [ ] OHA [ ] ODMHA [ ] ODHA [ ] HNO [ ] OWHA [ ] OHL DATE COMPLETED: \_\_\_/\_\_\_/\_\_\_
(CHECK ONE) D M Y

LEVEL OF PLAY: [ ] M. NOVICE [ ] NOVICE [ ] AAA [ ] AA [ ] A [ ] REP [ ] HOUSELEAGUE
[ ] M. ATOM [ ] ATOM [ ] BB [ ] B
[ ] M. PEEWEE [ ] PEEWEE [ ] CC [ ] C
[ ] M. BANTAM [ ] BANTAM [ ] DD [ ] D
[ ] M. MIDGET [ ] MIDGET [ ] EE [ ] E
[ ] JUVENILE [ ] JUNIOR
[ ] SENIOR [ ] INTERMEDIATE
[ ] OTHER
SPECIFY \_\_\_\_\_
PLAYER POSITION [ ] FORWARD [ ] DEFENSE [ ] GOALTENDER

TYPE OF ACTIVITY: [ ] GAME [ ] PRACTICE [ ] EXHIBITION [ ] PLAYOFF [ ] TOURNAMENT [ ] OFF-ICE [ ] OTHER
[ ] HOME [ ] AWAY PERIOD OF GAME: [ ] 1ST [ ] 2ND [ ] 3RD
SPECIFY \_\_\_\_\_

NAME OF ARENA: \_\_\_\_\_ TOWN/CITY: \_\_\_\_\_
PLAYERS NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ OR AGE \_\_\_\_\_
D M Y
ADDRESS: \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

THIS FORM IS TO BE COMPLETED EACH TIME:
A PLAYER IS REMOVED FROM PLAY FOR THE REMAINDER OF A PERIOD OR GAME DUE TO AN INJURY SUSTAINED WHILE PLAYING HOCKEY. (EXAMPLE: A PLAYER INJURED IN THE FIRST PERIOD BUT WHO RETURNS TO PLAY IN THE SECOND OR THIRD PERIOD WOULD HAVE A FORM FILLED OUT FOR THEM.)
A PLAYER IS INJURED DURING A PRACTICE, WHETHER ON OR OFF THE ICE.
A PLAYER IS FORCED TO LEAVE PLAY FOR A HEALTH REASON THAT IS NOT KNOWN.

INJURY LOCATION ON BODY [ ] EAR [ ] INTERNAL [ ] DENTAL [ ] HEAD [ ] FINGER [ ] NECK [ ] THROAT [ ] FACE [ ] GROIN [ ] RIBS (SIDE) [ ] SPINE [ ] LOWER LEG [ ] RIBS (FRONT) [ ] STERNUM [ ] LOWER ARM [ ] HIP [ ] THIGH [ ] UPPER ARM [ ] ANKLE [ ] FOOT [ ] WRIST [ ] ELBOW [ ] EYE [ ] SHOULDER [ ] BACK (UPPER) [ ] BACK (LOWER) [ ] OTHER
SPECIFY \_\_\_\_\_

TYPE OF INJURY [ ] STRAIN [ ] SPRAIN [ ] BRUISE [ ] FRACTURE [ ] DISLOCATION [ ] LACERATION [ ] CONCUSSION [ ] OTHER
SPECIFY \_\_\_\_\_

SIGNS/SYMPTOMS OF INJURED PLAYER [ ] PAIN [ ] LOSS OF FEELING [ ] DEFORMITY [ ] SHORTNESS OF BREATH [ ] LIGHT BLEEDING [ ] HEAVY BLEEDING [ ] LOSS OF CONSCIOUSNESS [ ] OTHER
SPECIFY \_\_\_\_\_

CAUSE OF INJURY [ ] BODY CHECK [ ] STICK [ ] PUCK [ ] TRIP [ ] NET [ ] CHECK FROM BEHIND [ ] BOARDS [ ] SKATE [ ] POOR FITTING EQUIPMENT [ ] COLLISION [ ] FELL ON ICE [ ] FAULTY EQUIPMENT

LOCATION ON ICE HOCKEY FACILITY WHERE INJURY OCCURRED [ ] DEFENSIVE ZONE [ ] NEUTRAL ZONE [ ] GOAL CREASE [ ] OFFENSIVE ZONE [ ] PLAYER BENCH [ ] PENALTY BENCH [ ] OTHER
SPECIFY \_\_\_\_\_

HOW LONG WAS PLAYER OUT OF HOCKEY? \_\_\_\_\_ (SPECIFY NUMBER OF DAYS)

WAS PLAYER TRANSPORTED TO HOSPITAL? [ ] YES [ ] NO

MODE OF TRANSPORTATION: [ ] AMBULANCE [ ] PRIVATE VEHICLE [ ] OTHER
SPECIFY \_\_\_\_\_

IF PLAYER WAS HOSPITALIZED PROVIDE: HOSPITAL NAME: \_\_\_\_\_
CITY/TOWN: \_\_\_\_\_

TYPE OF MEDICAL CARE: [ ] FAMILY PHYSICIAN [ ] EMERGENCY/CLINIC [ ] SPORTS CLINIC [ ] OTHER
SPECIFY \_\_\_\_\_

HAS THE PLAYER SUSTAINED THIS INJURY BEFORE? [ ] YES [ ] NO

WAS A PENALTY CALLED AS A RESULT OF THE INJURY? [ ] YES [ ] NO

STATE PENALTY: \_\_\_\_\_

WAS THE PENALTY CALLED ON THE: [ ] OPPOSING PLAYER [ ] INJURED PLAYER

DID THE HOCKEY TRAINERS' CERTIFICATION PROGRAM ASSIST YOU IN YOUR MANAGEMENT OF THE INJURY SITUATION? [ ] YES [ ] NO

TRAINER'S NAME: \_\_\_\_\_ TRAINER'S #: \_\_\_\_\_ LEVEL: \_\_\_\_\_

DATE INJURY OCCURRED \_\_\_/\_\_\_/\_\_\_
D M Y