



**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 (CHECK ONE) **DATE COMPLETED:** \_\_\_/\_\_\_/\_\_\_  
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 \_\_\_\_\_

**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**

<input type="checkbox"/> EAR	<input type="checkbox"/> INTERNAL	<input type="checkbox"/> DENTAL
<input type="checkbox"/> HEAD	<input type="checkbox"/> FINGER	<input type="checkbox"/> NECK
<input type="checkbox"/> THROAT	<input type="checkbox"/> FACE	<input type="checkbox"/> GROIN
<input type="checkbox"/> RIBS (SIDE)	<input type="checkbox"/> SPINE	<input type="checkbox"/> LOWER LEG
<input type="checkbox"/> RIBS (FRONT)	<input type="checkbox"/> STERNUM	<input type="checkbox"/> LOWER ARM
<input type="checkbox"/> HIP	<input type="checkbox"/> THIGH	<input type="checkbox"/> UPPER ARM
<input type="checkbox"/> ANKLE	<input type="checkbox"/> FOOT	<input type="checkbox"/> WRIST
<input type="checkbox"/> ELBOW	<input type="checkbox"/> EYE	<input type="checkbox"/> SHOULDER
<input type="checkbox"/> BACK (UPPER)		
<input type="checkbox"/> BACK (LOWER)	<input type="checkbox"/> OTHER	

SPECIFY \_\_\_\_\_

**TYPE OF INJURY**

<input type="checkbox"/> STRAIN	<input type="checkbox"/> SPRAIN	<input type="checkbox"/> BRUISE
<input type="checkbox"/> FRACTURE	<input type="checkbox"/> DISLOCATION	<input type="checkbox"/> LACERATION
<input type="checkbox"/> CONCUSSION	<input type="checkbox"/> OTHER	

SPECIFY \_\_\_\_\_

**SIGNS/SYMPTOMS OF INJURED PLAYER**

<input type="checkbox"/> PAIN	<input type="checkbox"/> LOSS OF FEELING
<input type="checkbox"/> DEFORMITY	<input type="checkbox"/> SHORTNESS OF BREATH
<input type="checkbox"/> LIGHT BLEEDING	<input type="checkbox"/> HEAVY BLEEDING
<input type="checkbox"/> LOSS OF CONSCIOUSNESS	<input type="checkbox"/> OTHER

SPECIFY \_\_\_\_\_

**CAUSE OF INJURY**

<input type="checkbox"/> BODY CHECK	<input type="checkbox"/> STICK	<input type="checkbox"/> PUCK
<input type="checkbox"/> TRIP	<input type="checkbox"/> NET	<input type="checkbox"/> CHECK FROM BEHIND
<input type="checkbox"/> BOARDS	<input type="checkbox"/> SKATE	<input type="checkbox"/> POOR FITTING EQUIPMENT
<input type="checkbox"/> COLLISION	<input type="checkbox"/> FELL ON ICE	<input type="checkbox"/> FAULTY EQUIPMENT

**LOCATION ON ICE HOCKEY FACILITY WHERE INJURY OCCURRED**

<input type="checkbox"/> DEFENSIVE ZONE	<input type="checkbox"/> NEUTRAL ZONE
<input type="checkbox"/> GOAL CREASE	<input type="checkbox"/> OFFENSIVE ZONE
<input type="checkbox"/> PLAYER BENCH	<input type="checkbox"/> PENALTY BENCH
<input type="checkbox"/> 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