

## Purpose

IHA's Injury Reporting Form is a significant tool for collecting information to measure the types of injuries, the number of reoccurrences and severity. The collected information will assist in determining what measures may be implemented to prevent, or at the very least, reduce reoccurring injuries to IHA's member players and officials in IHA sanctioned competitions.

## Injury Definition

1. An injury is considered reportable if a player misses a training or a game because of an injury sustained during a practice or game.
2. The player does not return to play for the remainder of the game following an injury.
3. All concussions.
4. Any dental injury.
5. Any facial laceration.

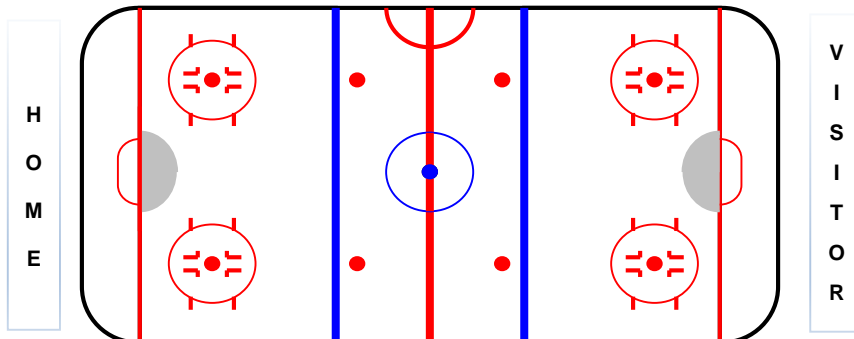
**Association :** \_\_\_\_\_ **Venue:** \_\_\_\_\_

**Competition :** \_\_\_\_\_ **Team:** \_\_\_\_\_ **Date:**     /     /

**Player's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Position:** Centre Wing Defence Goal

## Zone of Injury:

Mark the area of the ice surface where the injury occurred. Note that Home and Visitor ends are marked to identify offensive and defensive activity.



Location of the injury:				Assessment:		
1. Head	<input type="checkbox"/>	13. Forearm	<input type="checkbox"/>	24. Buttocks	<input type="checkbox"/>	
2. Face	<input type="checkbox"/>	14. Wrist	<input type="checkbox"/>	25. Pelvis	<input type="checkbox"/>	
3. Neck	<input type="checkbox"/>	15. Hand	<input type="checkbox"/>	26. Groin	<input type="checkbox"/>	
4. Throat	<input type="checkbox"/>	16. Thumb	<input type="checkbox"/>	27. Genitals	<input type="checkbox"/>	
5. Jaw/Chin	<input type="checkbox"/>	17. Fingers	<input type="checkbox"/>	28. Hip	<input type="checkbox"/>	
6. Teeth/Mouth	<input type="checkbox"/>	18. Chest	<input type="checkbox"/>	29. Thigh	<input type="checkbox"/>	
7. Eye	<input type="checkbox"/>	19. Abdomen	<input type="checkbox"/>	30. Knee	<input type="checkbox"/>	
8. Ear	<input type="checkbox"/>	20. Kidneys	<input type="checkbox"/>	31. Leg	<input type="checkbox"/>	
9. Shoulder	<input type="checkbox"/>	21. Upper back	<input type="checkbox"/>	32. Ankle	<input type="checkbox"/>	
10. Upper arm	<input type="checkbox"/>	22. Lower back	<input type="checkbox"/>	33. Foot	<input type="checkbox"/>	
11. Elbow	<input type="checkbox"/>	23. Coccyx	<input type="checkbox"/>	34. Toes	<input type="checkbox"/>	
12. Was the injury - Minor:		<input type="checkbox"/>	Acute:	<input type="checkbox"/>	Severe:	<input type="checkbox"/>

<u>Cause of Injury</u>	
Body Check	<input type="checkbox"/>
Check from behind	<input type="checkbox"/>
Check to the head/neck	<input type="checkbox"/>
Stick contact	<input type="checkbox"/>
Puck contact	<input type="checkbox"/>
Unintended collision	<input type="checkbox"/>
Fighting	<input type="checkbox"/>
Non-contact	<input type="checkbox"/>
Other	<input type="checkbox"/>
Was a penalty called?	Y N
<u>Equipment</u>	
a) Full Face Mask	Y N
b) Visor	Y N
c) None	Y N
d) Mouthguard	Y N
e) Neck Guard	Y N

<b>Time Lost:</b> (The amount of time the player was out of play)			
1. Return the same game:	<input type="checkbox"/>	2. Return the same day:	<input type="checkbox"/>
3. Out for the Championship:	<input type="checkbox"/>	4. One week or more:	<input type="checkbox"/>

The form is to be submitted to ***your local State Association*** for forwarding to IHA