

Purpose

As a significant tool in IHA’s Risk Management objectives to reduce injuries to participating playing or team official members, the IHA Injury Report Form is designed to record all injuries sustained while participating in IHA National Championships regardless if they are of a minor or serious nature. The information will be processed to determine what measures can be implemented to prevent or at the very least reduce recurring injuries.

Injury Definition

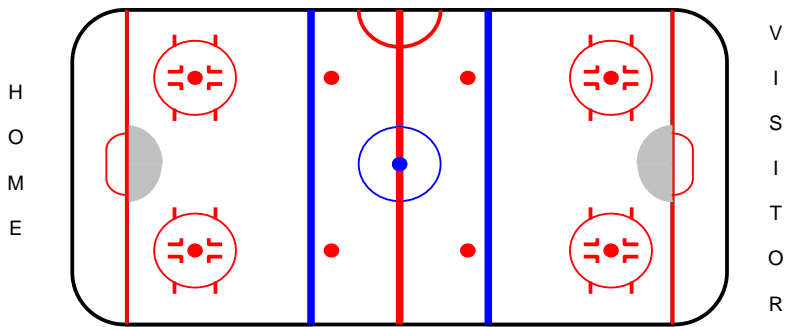
1. An injury is considered reportable if a player a misses a training or a game because of an injury sustained during a practice or game whilst at a national championship.
2. The player does not return to play for the remainder of the game following an injury.
3. All concussions.
4. Any dental injury.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

Championship:..... **State Team:**..... **Date:**..... / /

Player’s Name:..... **Age:** **Position:** Center Wing Defence Goal

Zone of Injury

Mark the area of the ice surface where the injury occurred. Note that Home and Vistor 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"/>
				a) None	<input type="checkbox"/>
				b) Contusion	<input type="checkbox"/>
				c) Sprain - ligament	<input type="checkbox"/>
				d) Sprain – muscle	<input type="checkbox"/>
				e) Laceration	<input type="checkbox"/>
				f) Dislocation	<input type="checkbox"/>
				g) Fracture	<input type="checkbox"/>
				h) Concussion	<input type="checkbox"/>
				i) Other	<input type="checkbox"/>

Cause of Injury	
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
Equipment	
a) Full Face Mask	Y N
b) Visor	Y N

Time Lost: (The amount of time the player was out of play)