



Appendix B - Soccer Injury Report Form

Please complete this form for any injury including suspected concussion occurring in soccer (game/practice/dryland, etc.) which receives:

- 1) medical attention OR Other: _____
- 2) results in the inability to complete the session in which the injury occurred OR
- 3) results in the player missing at least one day of sporting activity

Team designate completing form: _____

Phone #: _____

Email: _____

<p>1. Player name: _____</p> <p>2. Player CMSA ID#: _____ 3. Team #: _____</p> <p>4. Today's date (MM/DD/YY): _____ / _____ / _____</p> <p>5. Injury date (MM/DD/YY): _____ / _____ / _____</p> <p>6. Injury status:</p> <p><input type="checkbox"/> New injury</p> <p><input type="checkbox"/> Recurrence of injury from this soccer season</p> <p><input type="checkbox"/> Recurrence of injury from a previous soccer season</p> <p>7. Did the player return to play the same game/practice?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Non-soccer injury (Go to 16)</p> <p>8. At the time of injury, were any of the following worn?</p> <p>Brace: <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Left side <input type="checkbox"/> Right side if yes, worn on: <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Wrist <input type="checkbox"/> Other: _____</p> <p>Tape: <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Left side <input type="checkbox"/> Right side if yes, worn on: <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Wrist <input type="checkbox"/> Other: _____</p> <p>Other: _____</p> <p>9. Position playing at time of injury:</p> <p><input type="checkbox"/> Forward <input type="checkbox"/> Outside Mid <input type="checkbox"/> Centre Mid <input type="checkbox"/> Defense</p> <p><input type="checkbox"/> Keeper <input type="checkbox"/> Other: _____</p> <p>10. Injury occurred during:</p> <p><input type="checkbox"/> Game</p> <p style="margin-left: 20px;">a) <input type="checkbox"/> Regular season <input type="checkbox"/> Tournament <input type="checkbox"/> Playoff <input type="checkbox"/> Exhibition</p> <p style="margin-left: 20px;">b) Timing of injury: <input type="checkbox"/> Warm-up <input type="checkbox"/> 1st half <input type="checkbox"/> 2nd half</p> <p><input type="checkbox"/> Practice on field</p> <p><input type="checkbox"/> Other (eg, fitness) Please specify: _____</p> <p>11. This injury involved:</p> <p><input type="checkbox"/> Sudden onset & contact with another player</p> <p><input type="checkbox"/> Sudden onset & NO contact with another player</p> <p><input type="checkbox"/> Gradual Onset/Overuse (Go to 16) <input type="checkbox"/> Unknown (Go to 12)</p>	<p>12. Surface of play:</p> <p><input type="checkbox"/> Grass</p> <p><input type="checkbox"/> Turf - Outdoor</p> <p><input type="checkbox"/> Turf - Indoor</p> <p><input type="checkbox"/> Indoor carpet</p> <p><input type="checkbox"/> Gym floor</p> <p>13. Type of game: _____ vs _____</p> <p><input type="checkbox"/> Outdoor</p> <p><input type="checkbox"/> Indoor:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Boarded <input type="checkbox"/> Non-Boarded <input type="checkbox"/> Futsal</p> <p>14. Mechanism of injury (check all that apply):</p> <p><input type="checkbox"/> Direct blow to head: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Back</p> <p><input type="checkbox"/> Fell & hit head: <input type="checkbox"/> Back <input type="checkbox"/> Forward <input type="checkbox"/> Side</p> <p><input type="checkbox"/> Hit head: <input type="checkbox"/> On boards <input type="checkbox"/> On post <input type="checkbox"/> On net <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Non-head injury</p> <p>15. Was a foul called directly related to the injury event?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, <input type="checkbox"/> Body contact <input type="checkbox"/> Boarding <input type="checkbox"/> Head-contact</p> <p><input type="checkbox"/> Other: _____</p> <p>If yes, what was the consequence of the penalty? (Check all that apply)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Free Kick <input type="checkbox"/> Penalty Kick <input type="checkbox"/> Yellow Card</p> <p style="margin-left: 40px;"><input type="checkbox"/> Red Card <input type="checkbox"/> Suspension: length _____</p> <p>If yes, who received the penalty ? (check all that apply)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Injured player <input type="checkbox"/> Injured player's teammate <input type="checkbox"/> Other team</p> <p>16. Describe events surrounding injury:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Soccer Injury Report Form (Appendix B) – This form is required to be completed by the Safety Advocate each time a head injury, including a concussion or a suspected concussion, occurs. The Safety Advocate is responsible for returning the completed form to their Coach (if the Coach is not the Safety Advocate) who in turn will submit it to their member club/organization. (CMSA Concussion Policy and Protocol – Page 5 – Section D. Reporting)

The information collected on this form will be collected and used to assist in identifying and qualifying risk and for statistical purposes. For full details on CMSA's Privacy Policy please refer to calgaryminorsoccer.com/files/privacy_policy4.pdf