Greater Kingston Junior Frontenacs Minor Hockey Association

Injury Report Form

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| Player name |  |
| Team ( circle) | Minor Major Atom Peewee Bantam Midget |
| Date of injury | dd/mm/yyyy |
| Date of clinician assessment | dd/mm/yyyy |
| Location of nonconcussion injury (circle all that apply and write the type of injury beside) |  |
| Head, neck and eyes |  |
| Shoulder Arm and hand |  |
| Trunk and back |  |
| Hip Knee Thigh and leg |  |
| Ankle and foot |  |
| Clinician who completed this assessment | Name and address |
| Date of next assessment of non-concussion injury | dd/mm/yyyy |
| **Date for return to play for nonconcussion injury** | dd/mm/yyyy |
| **Next section specific to Concussion related injury** | |
| **Date of return to light exercise**  It is assumed that the player will advance to  1. Skating  2. noncontact practice  3. full contact practice  4. full game play  every 24 hours if remains symptom free according SCAT II criteria | dd/mm/yyyy |
| Date of next assessment of recovery progress | dd/mm/yyyy |
| Baseline ImPACT test done? | Y/N |
| Date of normalization of ImPACT score | dd/mm/yyyy |
|  |  |
| Designated clinician who will reassess if return to play schedule failed (if different from clinician completing this form) | Name and address |

*Thank you for your clinical assessment of this player which will contribute greatly to our mission of training great hockey players in a safe environment*