



HOCKEY DEVELOPMENT CENTRE FOR ONTARIO
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HOCKEY TRAINERS' CERTIFICATION PROGRAM
 WWW.HDCO.ON.CA



INJURY DATA FORM

(CONFIDENTIAL WHEN COMPLETED)

HOCKEY ASSOCIATION: OMHA, MHAO, GTHL, NOHA, OHA, ODMHA, ODHA, HNO, OWHA, OHL (CIRCLE ONE) _____

DATE COMPLETED: _____ / _____ / _____

- LEVEL OF PLAY:
- M. NOVICE
 - M. ATOM
 - M. PEEWEE
 - M. BANTAM
 - M. MIDGET
 - JUVENILE
 - SENIOR
 - OTHER _____

- CLASSIFICATION
- AAA
 - AA
 - A
 - B
 - C
 - D
 - E

- NAME OF TEAM:
- REP
 - HOUSELEAGUE

LOCAL ASSOCIATION NAME: _____
 PLAYER POSITION: _____

- FORWARD
- DEFENSE
- GOALTENDER

TYPE OF ACTIVITY: GAME PRACTICE EXHIBITION PLAYOFF TOURNAMENT OFF ICE OTHER _____
 HOME AWAY

NAME OF ARENA _____ TOWN/CITY _____
 PLAYERS NAME _____ DATE OF BIRTH _____ / _____ / _____ OR AGE _____ ADDRESS _____
 TOWN/CITY _____ POSTAL CODE _____

TRAINER'S NAME: _____ COMPLETING FORM _____
 TRAINER'S # _____ LEVEL _____
 1ST 2ND 3RD PERIOD OF GAME

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

- EAR
- HEAD
- THROAT
- RIBS (SIDE)
- RIBS (FRONT)
- HIP
- ANKLE
- ELBOW
- BACK (LOWER)
- INTERNAL
- FINGER
- FACE
- SPINE
- STERNUM
- THIGH
- FOOT
- EYE
- OTHER (SPECIFY) _____
- STRAIN
- FRACTURE
- OTHER (SPECIFY) _____

HOW LONG WAS PLAYER OUT OF HOCKEY? _____ / DAYS _____ / WEEKS
 WAS PLAYER TRANSPORTED TO HOSPITAL? YES NO
 MODE OF TRANSPORTATION AMBULANCE PRIVATE VEHICLE OTHER _____
 IF PLAYER WAS HOSPITALIZED PROVIDE: HOSPITAL NAME _____ CITY/TOWN _____

SIGNS/SYMPTOMS OF INJURED PLAYER

- PAIN
- DEFORMITY
- LIGHT BLEEDING
- OTHER (SPECIFY) _____
- LOSS OF FEELING
- SHORTNESS OF BREATH
- HEAVY BLEEDING

TYPE OF MEDICAL CARE:

- FAMILY PHYSICIAN
- EMERGENCY/CLINIC
- SPORTS CLINIC
- OTHER _____

HAS THE PLAYER SUSTAINED THIS INJURY BEFORE? YES NO
 WAS A PENALTY CALLED AS A RESULT OF THE INJURY? YES NO

CAUSE OF INJURY

- BODY CHECK
- TRIP
- BOARDS
- COLLISION
- STICK
- NET
- SKATE
- FELL ON ICE
- PUCK
- CHECK FROM BEHIND
- POOR FITTING EQUIPMENT
- FAULTY EQUIPMENT

LOCATION ON ICE HOCKEY FACILITY WHERE INJURY OCCURRED

- DEFENSIVE ZONE
- GOAL CREESE
- PLAYER BENCH
- OTHER (SPECIFY) _____
- NEUTRAL ZONE
- OFFENSIVE ZONE
- PENALTY BENCH

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
 DATE INJURY OCCURRED _____ / _____ / _____
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