



# IIHF Daily Injury Report Form

IIHF Championship: \_\_\_\_\_

National Association: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (dd/mm/yy)

Using this form, please report if there were any injuries sustained by any player on your team during the above-mentioned day during this IIHF Championship. We would ask that you also report if there were no injuries sustained by players on your team during this day of this IIHF Championship. If an injury was sustained during this day then an IIHF Injury Report Form must be completed and submitted to the IIHF Medical Supervisor or, in his absence, to the IIHF Directorate Chairman providing the details of the injury sustained.

The definition of an injury used by the IIHF for reporting purposes is as follows:

- |   |
|---|
| <ol style="list-style-type: none"> <li>1. An injury is considered reportable if a player misses a practice or a game because of an injury sustained during a practice or a game</li> <li>2. The player does not return to the play for the remainder of the game following an injury</li> <li>3. All concussions</li> <li>4. All dental injuries</li> <li>5. Any laceration which requires medical attention</li> <li>6. All fractures</li> </ol> |
|---|

Please check (✓) the appropriate box below. Please provide the number of injuries sustained if you check article 'A'.

<b>Injury Report</b>	(✓)
A. During this day there were _____ injuries sustained by our team. (number)	<input type="checkbox"/>
B. During this day there were no injuries sustained by our team	<input type="checkbox"/>

Team Physician/Medical Representative: \_\_\_\_\_  
(print name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

