



**HOCKEY DEVELOPMENT CENTRE FOR ONTARIO
HOCKEY TRAINERS CERTIFICATION PROGRAM
INJURY DATA COLLECTION PROGRAM
ONLINE REPORTING FORM**



**TO BE COMPLETED ONLINE AT:
www.hdco.on.ca (Safety Initiatives)**

ASSOCIATION				<input type="checkbox"/> ALLIANCE	<input type="checkbox"/> GTHL	<input type="checkbox"/> NOHA	<input type="checkbox"/> OHA	<input type="checkbox"/> OHL	<input type="checkbox"/> OMHA	<input type="checkbox"/> OWHA	<input type="checkbox"/> ODHA	<input type="checkbox"/> ODMHA	<input type="checkbox"/> HNO										
LEVEL OF PLAY:				CLASSIFICATION:				CATEGORY		POSITION													
<input type="checkbox"/> INITIATION	<input type="checkbox"/> BANTAM	<input type="checkbox"/> AAA	<input type="checkbox"/> C	<input type="checkbox"/> HOUSE LEAGUE	<input type="checkbox"/> FORWARD	<input type="checkbox"/> MINOR NOVICE	<input type="checkbox"/> MINOR MIDGET	<input type="checkbox"/> AA	<input type="checkbox"/> DD	<input type="checkbox"/> SELECT	<input type="checkbox"/> DEFENSE	<input type="checkbox"/> NOVICE	<input type="checkbox"/> MIDGET	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> REP	<input type="checkbox"/> GOALTENDER	<input type="checkbox"/> MINOR ATOM	<input type="checkbox"/> JUVENILE	<input type="checkbox"/> BB	<input type="checkbox"/> EE	<input type="checkbox"/> OTHER (SPECIFY)	
<input type="checkbox"/> ATOM	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> B	<input type="checkbox"/> E			<input type="checkbox"/> MINOR PEEWEE	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> CC	<input type="checkbox"/> OTHER (SPECIFY)				<input type="checkbox"/> PEEWEE	<input type="checkbox"/> SENIOR				<input type="checkbox"/> MINOR BANTAM	<input type="checkbox"/> OTHER (SPECIFY)				
NAME OF TEAM																							
LOCAL ASSOCIATION																							
NAME OF ARENA								TOWN/CITY															

PLAYER'S NAME (Optional)		GENDER (Male or Female)		AGE	
ADDRESS (Optional)		TOWN/CITY (Optional)			
		POSTAL CODE (Optional)			

ACTIVITY	<input type="checkbox"/> GAME	<input type="checkbox"/> PRACTICE	CATEGORY	PERIOD OF GAME
	<input type="checkbox"/> EXHIBITION	<input type="checkbox"/> PLAYOFF	<input type="checkbox"/> HOME	<input type="checkbox"/> 1ST <input type="checkbox"/> OT
	<input type="checkbox"/> TOURNAMENT	<input type="checkbox"/> OFF-ICE	<input type="checkbox"/> AWAY	<input type="checkbox"/> 2ND
	<input type="checkbox"/> OTHER (SPECIFY)			<input type="checkbox"/> 3RD

LOCATION OF INJURY ON BODY	<input type="checkbox"/> ANKLE	<input type="checkbox"/> FACE	<input type="checkbox"/> LOWER ARM	<input type="checkbox"/> SPINE
	<input type="checkbox"/> BACK (LOWER)	<input type="checkbox"/> FINGER	<input type="checkbox"/> LOWER LEG	<input type="checkbox"/> STERNUM
	<input type="checkbox"/> BACK (UPPER)	<input type="checkbox"/> FOOT	<input type="checkbox"/> NECK	<input type="checkbox"/> THIGH
	<input type="checkbox"/> DENTAL	<input type="checkbox"/> GROIN	<input type="checkbox"/> RIBS (FRONT)	<input type="checkbox"/> UPPER ARM
	<input type="checkbox"/> EAR	<input type="checkbox"/> HEAD	<input type="checkbox"/> RIBS (SIDE)	<input type="checkbox"/> WRIST
	<input type="checkbox"/> EYE	<input type="checkbox"/> HIP	<input type="checkbox"/> SHOULDER	
	<input type="checkbox"/> ELBOW	<input type="checkbox"/> INTERNAL	<input type="checkbox"/> OTHER (SPECIFY)	

TYPE OF INJURY	<input type="checkbox"/> BRUISE	<input type="checkbox"/> FRACTURE	<input type="checkbox"/> STRAIN
	<input type="checkbox"/> CONCUSSION	<input type="checkbox"/> LACERATION	<input type="checkbox"/> OTHER (SPECIFY)
	<input type="checkbox"/> DISLOCATION	<input type="checkbox"/> SPRAIN	

SIGNS/SYMPTOMS OF INJURED PLAYER	<input type="checkbox"/> DEFORMITY	<input type="checkbox"/> LOSS OF CONSCIOUSNESS	<input type="checkbox"/> SHORTNESS OF BREATH
	<input type="checkbox"/> HEAVY BLEEDING	<input type="checkbox"/> LOSS OF FEELING	<input type="checkbox"/> OTHER (SPECIFY)
	<input type="checkbox"/> LIGHT BLEEDING	<input type="checkbox"/> PAIN	

CAUSE OF INJURY	<input type="checkbox"/> BOARDS	<input type="checkbox"/> FAULTY EQUIPMENT	<input type="checkbox"/> PUCK	<input type="checkbox"/> OTHER (SPECIFY)
	<input type="checkbox"/> BODY CHECK	<input type="checkbox"/> FELL ON ICE	<input type="checkbox"/> SKATE	
	<input type="checkbox"/> CHECK FROM BEHIND	<input type="checkbox"/> NET	<input type="checkbox"/> STICK	
	<input type="checkbox"/> COLLISION	<input type="checkbox"/> POOR FITTING EQUIPMENT	<input type="checkbox"/> TRIP	

LOCATION ON ICE WHERE INJURY OCCURRED	<input type="checkbox"/> DEFENSIVE ZONE	<input type="checkbox"/> GOAL CREASE	<input type="checkbox"/> OTHER (SPECIFY)
	<input type="checkbox"/> NEUTRAL ZONE	<input type="checkbox"/> PLAYERS' BENCH	HOW LONG WAS PLAYER OUT OF HOCKEY?
	<input type="checkbox"/> OFFENSIVE ZONE	<input type="checkbox"/> PENALTY BENCH	SPECIFY # OF DAYS

WAS PLAYER TRANSPORTED TO HOSPITAL?	MODE OF TRANSPORTATION	IF PLAYER WAS HOSPITALIZED PROVIDE:	NAME OF HOSPITAL
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> AMBULANCE <input type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/> OTHER (SPECIFY)		CITY/TOWN

TYPE OF MEDICAL CARE	HAS THE PLAYER SUSTAINED THIS INJURY BEFORE?	WAS A PENALTY CALLED AS A RESULT OF THIS INJURY?	STATE PENALTY:
<input type="checkbox"/> FAMILY PHYSICIAN <input type="checkbox"/> EMERGENCY CLINIC <input type="checkbox"/> SPORTS CLINIC <input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE PENALTY CALLED ON THE:: <input type="checkbox"/> OPPOSING PLAYER <input type="checkbox"/> INJURED PLAYER

DID THE HOCKEY TRAINERS' CERTIFICATION PROGRAM ASSIST YOU IN YOUR MANAGEMENT OF THE INJURY SITUATION?				<input type="checkbox"/> YES <input type="checkbox"/> NO
TRAINER'S NAME		TRAINER'S ID #		LEVEL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
DATE INJURY OCCURRED (M/D/Y)		COMMENTS:		
DATE REPORT COMPLETED (M/D/Y)				